



SEND Conference Q&A

Responses

Question 1: Sarah D' Souza said: communication via newsletter etc re therapies. I've had none of this my child has OT, Physio, SALT. What newsletters? What communications are parents actually receiving? Who, How, when, where?

Response:

Barnet's SEND services use a variety of communication routes to share information about services. These have included updates at a range of events in Barnet, including:

- the parent's health conference in February 2019
- Annual SEND Conference
- SENCo Conference
- Local Offer website
- SEND Development meetings [where the Barnet Parent Carer Forum Chair is present]
- Headteacher and school partnership meetings
- via the Head teacher's circulation list (the School Circular)
- via the SENCo circulation list
- SEND Newsletter

For parents specifically, we have provided updates as part of the SEND Newsletter which is produced on a termly basis and can be accessed via the Local Offer [here](#). We have also produced a news update about therapies on the Local offer [here](#). The SEND Newsletters are sent via email to anyone who has signed up to the Local Offer mailing list, which can be accessed at the bottom right hand side of the Barnet [Local Offer website](#).

It is clear, however, that information does not always get through to parents. Therefore, we will aim to produce more regular news updates on the Local Offer website over the next year, so that parents have more information that is readily available, including the [news page of the local offer website](#).

The route into all aspects of Social Care provision for children (this includes for example Early Help, signposting, safeguarding concerns), if not available/located via the Local Offer, is via the Multi-Agency Safeguarding Hub. For adults (18+) this is via Social Care Direct. Details are available on the [Barnet Council website](#) within the 0-25 disability section.

Question 2: When will GPs start telling families what's available for SEND?

GPs have been updated by the CCG (which has GPs on its Board) about the existence of the local offer and are expected to feed back to their practices about the need to direct parents to the Local Offer website if a child is identified as having SEND.

We are monitoring the uptake of 14+ health checks for Young People with SEND, which should help to raise awareness of SEND as a priority across GPs in Barnet.



However, we know there is more to do to raise awareness of the Local Offer and ensure all partners are signposting to it where needed. We will be developing a new communications plan for the Local Offer in Autumn 2019, and we will develop ways to promote the Local Offer to GPs.

Question 3: What is the Early Help Hub? Where? Who can go? What's the benefit to parents?

Please see the link to our [recently updated webpages](#) giving the locations/addresses/post-codes covered and contact details of our 3 Hubs. You will also find updated information about the Early Help Offer, as well as the referral pathway/e-forms to access a service.

Please note some services are open to everyone with children 0-19, and other services are 'targeted' towards children and young people with particular areas and/or levels of need.

Question 4: How is this [Early Help Hub] information disseminated to parents? Wheelchairs, therapies services, short breaks – any support for families?

Each of the Early Help Hubs have an Advisory Group, made up of partner agencies and parents/service users, which look at how to promote services within that local community and ensure we are being responsive to local need. The East/Central Hub had a market/info event held on 1st July at Underhill school open to families. This was advertised via all the health centres, children's centres and schools within that Hub area. There were also stalls at the various summer fairs such as a stall at East Finchley Festival a few weeks ago

West Hub and South Hub are organising similar events and West Hub attended the Grahame Park Festival.

All Hub services and Children's Centres are inclusive/accessible, but short-breaks and therapies are not directly delivered by the Early Help Hubs, but we'd of course signpost as required. [Contact details and locations can be found on the Barnet website.](#)

The route into all aspects of Social Care provision for children (this includes for example Early Help, signposting, safeguarding concerns), if not available/located via the Local Offer, is via the MASH. For adults (18+) this is via Social Care Direct. Details are available on the Barnet Council website within the 0-25 disability section.

Section H relating to Social Care Provision in children's EHC Plans will now include a link to the Local Offer and the universal support available from Early Help and Short breaks.

Our communication around therapies has been provided in question 1(1).

For updates on personal wheelchairs, the CCG has heard that this information is not available and will share details on the Local Offer through the [slide pack which was used at the SEND conference](#) and further forthcoming information.



Question 5: Chris Munday said there isn't much uptake of short breaks and that is largely because families do not know about what is available. It is also sometimes because the offer is not fit for families' needs and therefore not easy to take up. Where is a list of what's available for SEND families?

Information on services is available on the [Local Offer website](#) – we aim to ensure this is updated frequently and provides useful information to parents, carers and families.

We will be reviewing the information on the Local offer during the 2019-20 academic year.

Social Care information is also available through links on the Local Offer website. The 0-25 disabilities service duty team worker can be contacted for information about services available via 0208 3595608 or 0-25DisabilityAdultsDuty@Barnet.gov.uk

Section H relating to Social Care Provision in children's EHC Plans will now include a link to the Local Offer and the universal support available from Early Help and Short breaks.

Question 6: Occupational therapy input – with regards to children who are not yet statutory school age and attend a specialist nursery provision such as Acorn Early Intervention and Assessment Centre, what is the expectation of occupational therapy input with regards to both specialist equipment including seating and sensory processing differences?

Schools have received an update via a letter from NELFT to all Headteachers in Barnet. School-specific correspondence (including to this specific school) has been delivered by NELFT. Contact with the NELFT team can be made directly as follows:

North East London NHS Foundation Trust

3rd Floor, Westgate House, Edgware Community Hospital, Burnt Oak Broadway, HA8 0AD

Telephone : 0300 300 1821

Email: nem-tr.BarnetCIT@nhs.net

Question 7: As the Assistant Head teacher for Acorn – it would be really helpful for me to know what OT input is going to be provided to children who attend Acorn so that I can be very clear with our families. We are currently having to fund a private OT to support children with sensory processing differences which we know can be a huge barrier to these children accessing learning.

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Question 8: Question for SALT, OT , Physio, Ed Psychologists, Paediatricians and anybody who writes reports about what the child or young person's needs and provisions are. Is training provided to the above so that when they write their reports they provide SMART outcomes? The LA use these reports to directly feed into EHCPs and if the reports are not SMART, then the EHCPs are not SMART too!

All clinical staff are highly trained and qualified under their own Professional Bodies. Therapy services have received additional training to complete EHCP reports. Therapy colleagues share clinical provision recommendations, based on a child's assessed need, with parents and their own clinical supervisors before the content of the report is added to the EHCP by the SEN team.

Educational Psychologists deliver training on setting SMART Outcomes. They also currently lead on the Outcomes Meetings to co-produce the EHCP Outcomes with parents/settings and any other professional for all children being issued with new EHC Plans.

Barnet undertakes quality assurance of EHCPs on a quarterly basis. These audits are completed by staff in education, social care and health providers.

We know that training on writing clear outcomes needs to be refreshed due to staff turnover and the need to embed these high expectations across the teams. EHCP refresher training will be discussed as part of a rolling training programme for the next academic year. Some providers already have templates which support the development of SMART targets, and this will be expanded to include other services over the next academic year.

Question 9: There are children with high functioning capability but do still have learning difficulties which need support. For example, my son is dyslexic, dyspraxic and needs support around that. He needs a significant support and gets none. How can we/you help him/?

We would hope that schools are using the graduated approach to respond to needs. In the first instance this involves strategies at quality first teach level. This is when the teacher is planning and adapting the teaching so as to meet the needs of the young person.

The next stage involves more targeted support. This allows for the development of specific outcomes, skills or goals. We would hope the school are involving parents/carers and the young person in planning outcomes, skills and goals which will feed into the SEN support document. These should then be reviewed termly.

Here is the link to our [ordinarily available document](#) that details this. You could look at section 3 which detail the graduated approach.

Here is the link to [our best practice SEN support plan](#) which has information about setting goals and the assess, plan, do, review (APDR) process.

If a parent is struggling to get the school to implement this approach then we would suggest a joint meeting with the school and [SENDIASS](#) to help facilitate a discussion and find a way forward.



Question 10: Why does a child/young person have to reach a crisis to be seen as having a need? Not all children/young fall into the CiN / disability threshold matrix.

From a social care perspective, the 0-25 (Social Care) disabilities service in Barnet, like most Local Authorities, will have a threshold for their services. For an assessment to be undertaken by the 0-25 Social Work team the criteria is that the child/young person will have a severe and profound Learning Disability and/or a life-limiting physical disability. The team work with the most vulnerable children in the borough. Within the 0-25 disability service there is a Short Breaks offer; again with a requirement that the child/young person meets an identified criteria but this is broader than the requirements expected for the Social Work service. The information can be found on the [Barnet Local Offer website](#).

A parent or carer can seek support via the MASH and they will be signposted to the appropriate team or universal services. When a young person reaches the age of 18 they may be eligible for a Care Act assessment. Information on this can be sought from [Social Care Direct](#).

Children and young people do not have to reach a crisis for a service if they have a disability. There is a Short Break service, that can be accessed via the Local Offer website, with a lower threshold than the 0-25 disabilities social work team (criteria being severe and profound disability). A parent/carers can also [contact the MASH](#) and request a Child in Need assessment.

Question 11: Where are the social groups/opportunities for age 19 after short breaks finish?

Depending on their assessed needs (if Care Act eligible) there will be a support plan which may include, for example, day centres and community opportunities – this would be a personalised plan. If not Care Act eligible there are provisions for young people such as provided by [UNITAS](#) (020 80755888), Canada Youth Villa (via the Barnet Gov. website) and charities such as [Barnet Mencap](#).

If further advice is needed then please email the 0-25 disabilities service duty on 0-25DisabilityAdultsDuty@Barnet.gov.uk

Question 12: Where are the work experience opportunities for all young people when they leave school? Even SEN colleagues are struggling to get more opportunities in the workplace. How can Barnet support this?

Barnet Education, Employment and Training Service have a supported internship programme with opportunities available at TFL, PHE and Barnet Mencap, and are further developing this with a DfE funded programme called The Right Place, which will be working to ensure that education providers can fully support their SEND students into meaningful work placements while still in education.



The post-16 workstream ([one of 9 identified priority improvement areas for SEND services in Barnet](#)) will be looking into further options for supporting CYP with SEND into employment. Information about this will be put on the Local Offer.

Question 13: When making decisions, does the CCG, education and social care apply a cost-benefit and cost-effective analysis model to ensure outcomes are met?

The Local Authority and CCG agrees placements with a high financial cost via a Tripartite Panel with Senior Leadership attendance from the CCG, Education and Social Care. Prior to this panel Managers consider all requests which require joint funding using a framework which requires any of the 3 statutory agencies involved to contribute to. This requires those involved to demonstrate cost comparisons have been undertaken and is linked to the provision and the outcomes for the child or young person to ensure the most suitable placement is identified. This may not always be the cheapest option.

The SEN Team have a similar framework which is applied to educational placements singly funded by Education from the High Needs funding block.

Question 14: Why, If a disability is acquired during primary school are parents unable to state a disability on the CAF for secondary transfer (if not EHCP). This is going to be a big issue if schools are able to cut out the medical conditions sections in their admission policies. Under the terms of the equality act, this seems like a breach.

The [SEND Code of Practice](#) (6:11) and the [DfE Guidance on Supporting Pupils at School with Medical Conditions](#) sets out what schools are required to do to meet the needs of children who have health needs attending school. This relates to support required to meet children's health needs where there is no impact on their educational attainment and progress and the need is not related to a special educational need or disability.

Question 15: How can we ensure that education, health and social care really work together in the delivery of EHCPs? My daughter's needs cross the boundaries but every service seems to pass the buck to another service and no one wants to pay.

The EHC Plan has clearly defined sections:

- Section B sets out the educational needs of the child and Section F, the Educational provision to meet those needs which includes funding of most speech and language and occupational therapy which health partners co-deliver.
- Section C and G sets out the health needs and provision for the child – i.e. what health is responsible for delivering outside of education.
- Section D and H sets out the social care needs and provision for the child – i.e. what social care will be provided to support the child and their family to access opportunities within their community.

Parents are now able to Appeal to Tribunal against any of these sections in an EHC Plan and this has helped all partners be clearer about their individual responsibilities.



The local authority operates a multi-agency Complex Needs Panel to make decisions around EHC Assessments which includes decisions to issue or amend an EHC Plan. This panel is attended by SEN caseworkers/managers; Educational Psychology colleagues; educational settings (Heads and SENCOs); Social Care colleagues; the Designated Clinical Officer for the CCG; a Community Paediatrician and a representative from the NELFT Therapy Service.

The Tripartite Panel membership (which makes joint funding decisions for high cost placements) is also made up of Senior Leadership from Education, CCG (Health) and Social Care to ensure that we are making decisions in a collaborative way.

Question 16: Why is it the SEND Dept (education) fail to understand the difference between education and social care?

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When young people are over the age of 16 the areas of education and lifelong learning can become more blurred and in some instances both education and social care can deliver similar provision and it is the provider delivering the provision that sets out whether it is education or social care.

Question 17: What happens when the SEND/disabled child/young person does not fit mainstream school or special school? Do they fall into the middle??

We have a graduated response to provision in the local authority, which follows the expectations of the SEND Code of Practice. Most children and young people with special educational needs/disability will have their needs met at SEN Support from existing resources within a mainstream school.

Barnet also has a number of mainstream schools with Additional Resourced Provision (ARPs) - currently these are available for children with a diagnosis of Autism; Hearing



Impairment; and Physical Difficulty. There are also special schools available to meet children's needs.

The majority of children in Barnet have their needs met in one of these settings. The Local authority has recently delivered a [SEND Sufficiency assessment and consultation](#) to ensure that enough provision exists for the children who need it, both now and in the future. This means that some provision may be increased. The proposals include an increase in special school places, ARP places and a new special school.

Barnet also uses a number of independent settings.

Question 18: Follow-up appointment [for ASC diagnosis] have changed from 20 – 11 week wait times. Do these shorter wait times mean that children are more likely to fall through the cracks – i.e. more stringent criteria?

No, it means that children and young people on the waiting list will be seen faster. This reduction has been achieved by adding resource and staffing capacity into the service to support increased response to those on waiting lists.

The reduction in follow up waiting times has resulted as part of the CAMHS transformation and service re-design which incorporated co-production and engagement with parents/carers. The reduction in waiting times will be much better for children, young people and their families, because appointments will be offered more quickly and potential needs will be assessed earlier. The changes resulting from the CAMHS transformation and service review is already showing positive changes and once fully implemented from September 2019 waiting time targets will be closely monitored.