

Kingston Parent Consortium 10 August, notes of online meeting / conference call

Attendees

Parent / carer representatives:

Agnieszka Czerwinska (ACz)

Chris Campbell (CC)

Christine Flowers (CF)

Louise Kearney (LK)

Rosy Ahmad (RA)

Staff:

Ashley Whittaker (Programme Director) (AW)

Jonathan Rourke (SENDIAS)

Charis Penfold (Director of Education Services) (CP)

1. Welcome / intros / apologies

Apologies from:

Bev Pass (Chair, Parent Carer Forum)

Alison Stewart (Designated Clinical Officer, Clinical Commissioning Group) (AS)

Geraldine Burgess (Short Breaks Operations Manager) (GB)

Ian Dodds (Director of Children's Services) (ID)

Karen Lowry (AfCinfo/SEND Local Offer Website Manager) (KL)

Written updates were sent out two weeks ago as requested by parents and carers and posted on the Local Offer Website. These are available here:

[Schools preparation for opening in September](#)

[Therapy Provision in September](#)

2. Returning to school

CP explained to the group that the update issued at the end of July remained largely valid. Department of Education guidance remains the same as it was at the end of last term. Schools have expressed strong confidence and enthusiasm about opening for all children and young people from September. The Department of Education has recently run a survey of Local Authorities to ask them about school preparation, and we have been able to respond with vote of high confidence in our schools planning and their ability to open in September. Nothing has changed - expectation and view that all schools will be open for all children. Schools have done extensive work around what their offer will look like, updating risk assessments etc. Recently most work and complexity has been for secondary schools as primary schools have been more fully open with larger numbers of children in several different year groups for longer so have rehearsed this more. Secondary schools also have a larger number of total children. We expect that things will arise in September that we will need to become involved in particular cases and situations but we will need to wait and see how things go. There are obviously also all the national conversations going on about eg what if there is a second spike etc. All schools are maintaining their remote learning offer, often with a nominated senior leader responsible for that.

JR had nothing to add to this other than clearly very strong message from the government that everyone should be going back.

Q: are learning support workers staying in bubbles

A: varies school to school, following government guidance, suggest ask school direct

Q: will there be screening on arrival for temperatures?

A: no expectation that schools would do that, not in guidance, nor expectations that masks are worn. Some schools saying that if particular children want to wear a mask they can. Working very closely with Public Health on the local outbreak plan and schools are part of that. Matthew Paul is the link to Public Health. Followed the outbreak plan last term a couple of times when suspected cases and worked well. Local Kingston outbreak plan is agreed with the large number of agencies involved, schools a small part of that. But screening is not part of guidance.

Q: will there be sufficient space for bikes to be stored at schools?

A: travel is an important one, and transport to school is an area we flagged to the Department of Education as being an area needing more work. National (and local) message is cycle or walk if you possibly can and headteachers have flagged storage as being an issue.

LK: our school did not have enough storage before this so.....

A: one to address on a school by school basis. Know that secondaries are keen to do everything possible to support students wanting to cycle in.

CF: also relates to scooters and our school has put a blanket ban on anything coming to school apart from the child. This causes lots of issues and lots of children cycle and live too far to walk and can't drive as no where to park. Concern that some families under those circumstances cannot attend school. Still a blanket ban. No storage available for bikes, scooters or anything. Can't logistically manage.

A: schools make such policy with best intentions for the whole school, but if particular issues with certain children then there should be a conversation with the school. Clearly not possible to manage the logistics if everyone came on a scooter or bike.

CF: some parents are now discussing with governors.

A: good that this being raised on school by school basis.

Q: attendance in September, and what happens if children do not attend?

A: attendance is mandatory from September. This is different to last summer term. Non attendance will be coded by schools as is the normal system (ie collect reason for not attending) and this will be followed up by schools. Nobody wants conflict with families about non attendance, and focus will be on why families are reluctant to return and to then work with those families to reassure and solve. There will be different circumstances, for example family reasons or concern that school is not as covid safe as it needs to be and so we are encouraging schools to have those individual conversations with families. We don't think that fixed penalty notices and issuing fines is a sensible approach as its about reassuring families and children and young people to be able to attend school and we need to know the individual circumstances of why they are not attending. Yes we need to understand circumstances and schools will need to work with families to support them but attendance is not optional and children and young people should be coming back to school in September. And that is an important and different message from the summer term. A booklet has been jointly produced with Public Health that will go out in September talking about health views on why schools are a safe place to be and an AfC view on attendance.

Q: What happens if there is a discrepancy between a medical professional and the school as the problem is that the guidelines from the government do not cover this well and is left to school to figure out. Eg our school has a bubble as a whole year group but for some clinically vulnerable children the bubble should be 3 or 4 people including their one to one support if they have one and a back up one to one and manual handling etc. So discrepancy between what the government is expecting and what medical professionals are saying should be happening?

A: This brings us back to risk assessment for individual children and importance of planning through the risk assessment on a child by child basis. The government is basically pushing responsibility for planning on a child by child basis to schools through the risk assessment because those sort of decisions can only be done on a child by child basis.

AC: yes and our risk assessment is contrary to medical advice.

A: those have to be individual conversations with the school about individual circumstances and there are children where this kind of bespoke plan is needed. The Designated Clinical Officer has been involved in lots of conversations about individual children in this situation. Schools may have the year group as a bubble and then have smaller groups within that. Guidance is only guidance as has to be taken as such. Schools must plan through the risk assessment process on a child specific basis where necessary.

JR: there will be circumstances where some children will struggle to socially distance

A: again it's back to their individual risk assessment.

RA: There are a lot of parents who are anxious about sending their vulnerable children back to school, and it would be good to have a statement on a website reassuring parents as the message from the government seems to be very hardline and parents need more support / comfort.

A: the booklet produced in conjunction with Public Health covers this and this will go out after the August Bank Holiday.

RA: can we have a link to the booklet and we can send out?

A: yes and the message locally is very much one of understanding individual circumstances and working with the family to find a solution rather than "hardline".

LK: Is there a clear route of escalation for families to follow if they do not agree with the school on their child's risk assessment? I know they can discuss it with their school but there will be circumstances when they cannot agree on this?

A: yes it goes to the SEN Panel which is a multi agency group, SEND Team, health representatives etc

LK: So is that clear in the booklet (joint AfC and Public Health)?

A: no because that booklet is not SEND specific, it's generic booklet for every child.

LK: So can the escalation route be highlighted to parents and if the panel only meets every couple of weeks is there a plan to increase this as we get to September?

A: different panel and if required can meet virtually and quickly. The letter that went to all EHCP families last term, which included the link to the risk assessment template shared with schools, also included in that was the escalation route. Its basically the SEN Support line. Link here:

<https://kr.afcinfo.org.uk/pages/local-offer/information-and-advice/covid-19-updates-and-resources/frequently-asked-questions/risk-assessments>

CP: The attendance piece is very important and the starting point is understanding why the child is not attending.

Currently working with Education Welfare Service and to plan responses. I worry about the concerns that some families will have and there are different groups. Some will have been anxious about attending even before COVID. Then there is the "happy at home" group, and then there will be some who just don't want to go back, when it's nothing to do with health and safety or COVID and just disengage. And each group will need a different response.

AC: going back to some families not being comfortable to return to school, if we go back to the low numbers of children with EHCPs who were attending school before, and that was a function of who schools thought they could safely manage, and parents were told by school then that school is not safe for your child, it will take a lot of work now to convince them that it is now safe. What has changed? If it wasn't safe 2 months ago then why is it safe now?

A: schools look very different to how they did in March, so operationally they are different, and also medically things have moved on a lot. Much more is known about risk management, treatment etc. Everyone knows much more about it. Schools have responded and changed with routines, routes around the school.

AC: not clear why these changes could not have been made before. Schools failed to address this then when they had much less children in place so why are they going to be able to do it in September?

A: apart from the big change in direction from government, another big difference is that schools have had time to learn, think, plan and implement these changes which they simply could not do overnight. Nobody is going to pretend that in September everything will go 100% smoothly and there will be a need to respond to situations as they arrive, but overall schools have put a huge effort into putting in place appropriate arrangements and we are optimistic that the return will go ahead in the best interests of the children and young people.

Q: What about children and young people who cannot socially distance or wander off etc. What can we do to reduce social isolation for those who are not able to attend?

A: there will need to be a transition period and additional support for many children. Schools must support children in the most appropriate way and those who know them best will need to plan this. Secondary schools will need to plan for individuals.

JR: we expect to be busy. It will be new for everyone. Lots of questions eg if teachers stay 2m away from child what about 1:1 worker?

LK: accept all that but there will be children not in school and we need to plan to minimise social isolation. Are social services picking anything up there?

A: we need to use the first two weeks to assess need, and then plan response. We are expecting an increase in referrals and we are planning for an increase. No additional resource from government for this but we are planning with the Emotional Health Service and other teams that we have to respond to this as best we can.

Parent Carer Forum raised point about planning for second lockdown. Schools retaining their capability in distance learning. Senior leaders overseeing this. Remote / virtual learning offer retained so that responses can be swift and this is national expectation too. Feeling is that lock downs will be very local or impact bubbles or small sections of school.

Q: have all the laptops that have been obtained been circulated?

A: yes and there is a new piece of guidance about more laptops from September to include those with health needs preventing them attending schools.

3. Accessibility and outreach plan for BAME community.

RA: had meeting with Karen Lowry last week as she was helping test the new accessible tool ReciteMe (<https://reciteme.com/>) which she thinks could / will be very useful and positive. Hearing something is often much better than trying to read something. Have discussed with people from SEND families in her community affiliated with her mosque and have discussed how to reach out more to BAME community and makes sense to work together. ReciteMe will only be useful if people know about it and for example she did not know that Google Translate could already be used. Need to get message out there. Contact different groups, though different routes eg religious organisations as lots of people with a language barriers tend to engage through a religious or community group. Should reach out to them and give them more information. The Parent Carer Forum wants to reach out to them and if we could work together on that would be great and would also meet several of the objectives specified in the SEND Transformation Plan.

AW: fantastic and yes that would be great. RA already noted as someone wanting to be involved in this and Chair of the Parent Carer Forum is also the co-Chair of the workstream dealing with this in the SEND Transformation Plan. Suggest a bespoke meeting to include AfC's Nada Hassanatou who is working with Karen on improving engagement with families and children and young people. She can link in with the surveys and questionnaires we are doing. I will arrange that.

CP: part of this is us going to where these families are and think Rosy is exactly right in what she said and delighted that she can be involved in this. Families aren't hard to reach if we go to the right place.

4. Database - plans and ideas for ensuring a reliable communication route to all SEND families

Include in meeting with above, to include Disability Register.

5. Social Care attendance

Social Care had been being represented by Sara Doyle, Associate Director for Identification and Assessment, at these meetings prior to lockdown, and since then Ian Dodds has been covering in his role as DCS. Sara Doyle is a member of the social care senior leadership team. Going forward we've agreed a monthly schedule of meetings on the second Monday of each month, and if relevant to social care then social care attendance will be arranged. We have recently appointed a Designated Social Care Officer for SEND and from September could be this new person.

Ask from parents and carers is that we have a briefing on who is who in the social care team and we need to have them more on board. Also as issues arise, need to know who we refer cases and issues to.

Action for AW to agree with Bev having social care focus at one of the monthly meetings in the autumn. Particular question around turn over of staff. Example of 4 social workers in one year and request from AfC for yet another change. Not good as lead professional.

6. Mental health provision

Deep dive topic on 14 September.

Q: Mental health webinars for parents. In recent survey half felt mental health is worse since start of lockdown. Might be useful and PCF keen to support parents with this. Would AfC be able to support this with supplying staff to talk to parents about this?

A: Yes of course, as long as we have plenty of notice AW to arrange staff.

Q: Parent has been told that there are no clinical psychologists in AfC and this concerning as daughter has need specified in her child in need plan that is not being met.

A: Some clinical psychologists work for AfC and some for other organisations. This is a key priority for the CCG and AfC. complicated system and we will attempt to explain this at meeting on 14 September.

AOB:

- a. AC: Therapy review, reasonable endeavors now suspended so needs to be updated. Plus project manager (Catherine Kane) brought in to support the implementation of the recommendations of the therapy review is now in place and has been in contact with the Chair of the Parent Carer Forum to arrange a meeting re next steps in the co-production of the implementation plan.
- b. AC: Don't understand why risk assessment is different for mainstream school and special school. AC to email Alison Stewart and copy AW in.
- c. AC: therapy review, can we see results of parental survey that was done as part of the therapy review as this would be useful for next stage of therapies review implementation. AW will speak to others and see what there is and circulate.
- d. JR recruiting for two position at SENDIASS, part time outreach worker and also SENDIASS worker, so two posts available (!).