

Kingston Parent Consortium 11 January 2021, notes of online meeting

Attendees

Parent / carer representatives:

Agnieszka Czerwińska (ACz)

Bev Pass (Chair of PCF) (BP)

Louise Kearney (LK)

Karen Gale (KG)

Kacper Rucinski (KR)

Kelly Harrison (KH)

Bash Mohammed (BM)

Staff:

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

Anna Chiva, Associate Director for SEND, Achieving for Children (AC)

Karen Lowry, AfCinfo/SEND Local Offer Website Manager, Achieving for Children (KL)

Jessica Thom, Director of Commissioning and Partnerships, Achieving for Children (JT)

Geraldine Burgess, Short Breaks Operations Manager, Achieving for Children (GB)

Charis Penfold, Director for Education Services, Achieving for Children (CP)

Jonathan Rourke, SENDIASS Team Coordinator (JR)

Rachel Dawson, Designated Social Care Officer for SEND, Achieving for Children (RD)

1. Welcome / intros / apologies

Apologies received from Ashley Whittaker, Programme Director, Achieving for Children (AW). Due to lockdown the meeting agenda has reverted to an agenda focused on updating parents and carers on COVID 19 related developments and receiving their feedback.

2. Experience and feedback from parents and carers

BP explained about the Parent Carer Forum and encouraged parents to join the [Kingston SEND Parent Carer Forum Facebook group](#).

BP invited parents to talk about their experience so far in the current lockdown.

Families had been impacted by the sudden closure of the Warren Park respite service in early December with little notice. Experience of finding a replacement offer through the CQC assessment process and via panel had not been positive. Consequently this had been very challenging for families.

A parent had received a confusing response from for the Single Point of Access regarding a pending neurodevelopmental assessment. **BP** noted that waiting lists were large and that the Consortium had requested information regarding waiting times for assessment was still outstanding and needed for parents to understand the issues NOTE: this information had been presented at the previous meeting on 15th December and was circulated with the [notes of the meeting on the last page of this presentation \(opens new window\)](#).

Action: KL to follow up with parents outside of meetings.

Difficulties accessing online learning since December was causing challenges for one child, resulting in no education being accessed. On a couple of occasions, when an ambulance had been requested there had been none available. Interventions had been cancelled so the family felt they had been left “hanging”.

A family who had been shielding since March were coping and fed back that they were ok. Remote learning for one family was going well and the switch from classroom to online had gone well.

Both parents from one family had been ill with COVID. It wasn't clear whether there was a contingency plan in such circumstances where a child needed 24 hour care. There was an ongoing problem with therapy provision when the child was out of school. Some therapies could potentially be provided online but the school had been reluctant to offer this face to face, citing safeguarding issues. It was not clear to the parent what these safeguarding issues were. Consequently therapy had not been provided at all since March to their child.

BP noted that using safeguarding as a reason for not providing a child with therapy should not be allowed to overrule the needs of a child. Not having therapy could result in children being in pain and “going backwards. Parents could be present when a child would be having therapy so this would negate any safeguarding risk. It was not good enough that the most vulnerable children were not able to receive the services they needed, whether respite or therapy. Statutory agencies need to be really clear with parents about services being provided.

AS provided updates on therapies. [Details on the Local Offer following previous meeting \(opens a new window\)](#) **AS** willing to take up cases where therapy provision is not satisfactory, on a case by case basis. Weekly feedback was being provided by providers on therapies being delivered.

LK does the council have a list of clinically extremely vulnerable children and what therapies they should be getting or not? **AS** confirmed and that this list was started in first lockdown and was reviewed to have a current and clear picture. Meeting regularly to update and nursing teams advising new families since first lockdown. **LK** asked if anyone was reaching out to individual families. **AS** again said that individual cases could be looked into and families could use the [SEND Advisory Support Line](#) to discuss support issues.

LK was concerned that families might not know to do this. What could we do to be proactive in reaching these families? **AS** said that audit and mapping was happening to ensure provision in plan was being provided to find anomalies. **BP** wondered if the experience of families highlighted at the meeting were unusual or happening to other families and asked if there were any figures available re numbers of children requiring therapies and those getting them.

AS 118 across Kingston and Richmond but this could be split by borough with info on how many children were getting the therapy in their plan. **BP** said it would be good to have this info to reassure families about the overall picture and to help understand the picture re individual experiences.

Action - AS and AC to discuss and provide information.

KR commented that long term changes were required to improve therapies provision nationally compared to other countries. **AS** offered to have a wider conversation about the issue but after the current crisis had passed.

LK raised feedback for families with children on SEN support who were already struggling with home learning early on in the lockdown. Schools were demanding output but not always providing pupils with support or differentiated work.

CP feedback that schools were displaying the stress of increased unprecedented challenges and anxiety this time round with schools trying to manage very difficult times and different contexts.

This was for a number of reasons:

- Increased numbers of children attending
- Anxiety amongst staff
- More staff sickness and staff isolating
- Changing landscapes and guidance

Differences:

- The remote learning offer had improved - but may not be appropriate for all
- More children able to attend especially those with EHCP plans
- All special schools pupils and those in SRP's able to attend

Challenges:

- Providing remote learning with a scaffold of support
- Additional criteria - schools can have children in who find remote learning challenging
- Schools need to adjust learning
- Critical worker school places number had increased

The initial opening period was unsettled due to changing national guidance. As that period settles schools will be in a better position to respond to challenges for individual children, especially those without a plan who find remote learning difficult. In a better position to reach out to families and consider reasonable adjustments.

Regular drop ins were being provided for school SENCOs to provide support and advice.

Regular testing was now in place for staff which would help attendance.

Schools balancing two education offers - in school alongside remote learning for other children.

Special schools were doing well with supporting children in school despite having more children attending.

LK fed back that remote learning was head and shoulders above the last lockdown. Would it be appropriate for parents with children on SEN support struggling with remote learning, to use the [SEND Advisory Support Line](#) to flag issues. **CP** was pleased to hear that parents felt the online offer had improved and confirmed that parents using the SAS line to flag up issues was appropriate.

AC it is important that parents continue to discuss directly with schools as it is the school duty to provide an education offer. AfC meeting SENCOs and schools frequently But acknowledged that some schools are struggling to balance different offers, staff ratios and keeping their staff staff. Dysart and St Phillips were providing a reduced offer, less than 5 days, but hoping it can be increased.

AC meeting with children and adult social care to discuss children who are particularly vulnerable with regard to offering some kind of wrap around support.

BP wondered if the experience of schools pressurising families in a punitive way to produce work on time was isolated or across the board? What was the expectation on parents? AC said some isolated reports but it would be good to have examples from families that could be followed up with schools.

ACz asked for clarification on delivery of therapies for children who were not accessing special schools i.e. accessing remote education? That therapies should be delivered remotely? This was against the Code of Practice as therapy should surely be delivered where the child is - ie at home. So, if school decides that a child can't attend school safely they shouldn't lose therapy as a result. Frequently therapy is provided 1 -1 by a TA and if that support was not available then therapy would not be provided?

AC Dept for Education said that all children who are not clinically vulnerable with EHCPs were expected to be in schools. Those who are clinically extremely vulnerable and cannot attend school should have a risk assessment to work out what provision in the plan can be delivered at home. Provision in a plan though might be planned as school based provision so thought would need to be given as to how that could be provided in a home setting.

[Frequently asked questions had already been posted on the Local Offer](#) and would be able to provide answers to some of the questions being asked.

AS Providers are working in difficult situations, self isolation etc. Each organisation works to their own risk assessments.

GB Short breaks reduced to not being able to run groups. Trying to do as much 1 - 1 support they can using other locations and rooms. Liaising with special schools Warren Park overnight provision had closed permanently and would not reopen for our children. Provision has been replaced by other support such as direct payments or agency support, or overnights at St Christophers. Moor Lane new respite/short break centre had been affected by loss of Action for Children as a provider.

JT we have been able to issue emergency contracts but were dependent timewise on the provider who has been approached, getting registered with Ofsted etc. So Easter was a realistic time for the new centre to open.

BM - the issue of Warren Park closing came quickly and as a shock for parents, leaving families feeling abandoned. Was there any way that this could have been anticipated and therefore planned for.

JT completely sympathised but the issue was out of AfC control. It was an Ofsted issue regarding another provision that had a knock on effect the commissioned Warren Park overnight provision.

GB £140 still available to families to use for equipment. Assessed Need Direct Payments could also be used flexibly to purchase equipment at this time.

BP noted that other short break providers such as Challengers were not running, which was unfortunate for local families. Was there any other way for groups to share venues to run these groups? What was happening with the money for the contracts at this time. Also, there were other options, such as RUILS that families could consider if they knew about them.

GB difficulties with sharing venues at this time due to the vulnerabilities of children using. Also, running of groups was being discouraged so using different venues to run groups would not be a solution. Short Break contract money had been used flexibly during the summer to allow families to buy items such as cycles.

Action: GB agreed to explore other solutions such as RUILS, including virtual sessions and to provide information.

ACz asked for an update on Shooting Star Hospice, Hampton which had closed 6 months ago as a short break and other therapy provider. **GB** confirmed we still have a contract but children had been moved to St Christophers, but acknowledged this was a further distance for families to travel. **Action: GB** agreed to find out if there were plans to reopen provision at Shooting Star.

AC suggested that issues could be picked up with families in between monthly meetings if it would help to manage situations arising. **BP** agreed and asked if more regular meetings, maybe fortnightly, could be reinstated as in the previous lockdown. **Action: KL** to coordinate and look at dates for fortnightly meetings if possible.