

Kingston Parent Consortium 9th February 2021, notes of online meeting

Attendees

Parent / carer representatives:

Agnieszka Czerwińska (ACz)

Bev Pass (Chair of PCF) (BP)

Chris Campbell (CC)

Christine Flowers (CF)

Liz Smith (LS)

Kelly Jones (KJ)

Noreen Ahmad (NA)

(Apologies from Karen Gale)

Staff:

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

Ashley Whittaker, Programme Director, Achieving for Children (AW)

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

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

Jonathan Rourke, SENDIASS Team Coordinator (JR)

Troy Hobbs, Head of Special Educational Needs and Disability, Achieving for Children (TH)

1. Welcome / intros / apologies

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. Education

a. SEND provision in schools under current COVID restrictions

- action from January meeting re school attendance numbers (below data is all schools located in Kingston, state and private. Specialist resource provisions are included in mainstream)

	Since 11th January	In Feb
All children	13%	13%
All primary mainstream	18%	19%
All secondary mainstream	3%	4%
All special schools	38%	42%

All EHC plans	39%	43%
EHC plans in primary mainstream	50%	55%
EHC plans in secondary mainstream	22%	24%
EHC plans in special schools	38%	43%

- Mild increases over time locally. 34% is latest national data for all EHC plans attending.
- Note that some children and young people are attending on a part time / rota basis and these numbers reflect attendance on any one day and not total children attending on part time basis during the week which is higher.

Q: Why is secondary so much lower than primary?

Discussion about this being the case nationally, and where key worker in the family the relative ability of primary and secondary aged children to engage with home learning.

Q: Is there data to show what proportion of children and young people are not attending due to parental choice versus school not being able to meet need?

A: Government has been clear that parental choice not to send is OK and schools are open for all EHC plan children. Happy to be notified of examples if this is happening.

ACTION: AW to find out if this data on reason for non attendance ie parental choice vs school being unable to meet need exists.

ACTION: AW to check EHC plan attendance at schools outside borough including independent special schools.

ACTION: TH to find out if there are any examples of schools not being able to meet need

b. TH gave a presentation on developments and events in the SEND Team.

No relaxation of legislation (as it was last spring / summer). Higher team absence. Issuance performance of new EHC plans has slipped. Very clear message to schools that they must continue to deliver EHC provision. Annual reviews must continue to be done, and clearing the backlog of annual reviews remains work in progress. Process mapping continues and changes are being made. E.g restructuring Preparing for Adulthood team. About to start a recruitment process to expand teams with focus on quality and stability of staff. Waiting for Government announcements on schools opening more fully. Likely to be staggered.

Presentation available separately.

Q: re annual reviews, can there be some local flexibility in current circumstances to allow more time for professional reports to be completed and submitted (and circulated eg 2 weeks in advance) so that the annual review is high quality rather than happening with inferior / out of date information and therefore of worse quality? Can all parties agree on a more flexible timeline eg two week delay to make sure when it happens it is quality? This would be a pragmatic approach making best use of limited resources.

A: quandary as there is a statutory requirement to hold the annual review by a certain date but the reality of professionals currently often being able to access child means it is often very hard to have a properly informed review. No change to regulatory requirements. Not having a review within timescale would be a breach, although also the case that a review without reports could be.

ACTION: TH to discuss with colleagues and revert on local approach.

3. Health provision

AS updated.

- SEN Advice line being used and trends reviewed every two weeks by leadership.
- Speech and language therapy / Your Healthcare team: generally delivering provision as per EHC plan through direct or remote (phone / online). Working with schools on their risk assessments re whether can attend site or not. Dysart has a vacancy of SaLT. Recruitment has happened. For children at home resources have been shared with families.
- Physios. In special schools provision as per plan. Working with schools on risk assessments, PPE etc. Less data on mainstream provision. Remote offer, telephone consultations.
- Occupational therapy. Close to business as usual although depending on school risk assessments may be remote.

Q: sounds like special schools have a much fuller offer than mainstream schools. Remote consultations can be challenging for working parents if they expected to receive training / information and / or delivering therapy.

A: therapists have no choice but to work with school risk assessment so for example therapists visiting more than one school.

A: By not changing the legislation it means the message from the government is that if parents chose not to send their child to school then they waive their right to provision. They may be a legal challenge to this (JH).

Q: but there may be examples of schools not being able to meet needs plus if not attending full time then provision may not be being fully delivered.

- List of clinically extremely vulnerable children is being actively worked on and is actually decreasing in number as each child is being considered in more detail.
- **ACTION: AS to revert on therapy delivered to this group**

- Re vaccines all Your Healthcare staff (speech and language therapy) have been offered vaccine and high take up, second dose march / April. Similar for Occupational therapy.

Q: how do parents / carers find out if their child is on the list of clinical vulnerable?

A: suggest refer to your consultant (supported by KJ), or ask AS on individual basis and she will reply. CCG have the list and under COVID legislation is shared with local authority.

4. Short breaks:

GB updated.

- Shooting Star in Hampton remains closed. St Christophers are still delivering.
- List of children and young people not accessing normal provision being compiled and contacted individually where possible to provide some 1:1 activity.
- Yes still money in Activity Fund for this year. £140 per child per year, and starts again on 1st April. So if not yet applied for 2020/21 then be quick.
- Moor Lane. Now public that Action for Children have pulled out of the contract to deliver this. Have written to families impacted by delay. Discussions taking place with new provider, hopeful that contract will be agreed soon, but they then need to apply for Ofsted Registration and that will take some time. Alternative packages have been offered eg Direct Payments, St Christophers or care in own home.
- Currently generally very difficult to deliver short breaks as can only have one child per room. Have been taking children in at Moor Lane on some of the dates when they not in school (assessed need only) as much as possible.
- A reduced half term provision will be running at Moor Lane. Hoping for groups in Easter holiday but have to wait and see.
- Q: are Yorda being used? Great provision and staff.
- A: Yes, extra sessions being provided via Yorda

Q: Can something be done to make paperwork for direct payment simpler?

A: If you employ someone you have to sign contracts of employment. Kingston Centre for Independent Living should coordinate timesheets and monitor bank statements. Suggest use your family support worker to help.

ACTION: GB to contact NA.

Q: D short breaks carers have access to COVID testing and vaccines?

A: Yes offered to all, included commissioned service providers.

5. Other actions / matters arising from January meeting

a. action in event of parents / carers being unable to care for child

Social care can and would be contacted, via Single Point of Access. Initial check would be accessing opportunities amongst family and friends and clearly it could be more difficult with a child with additional needs and if COVID has been prevalent in the family. GB was able to give several examples of local options for how child could and would be cared for, including health and social care agencies / providers, and specialist foster carers

- Great feedback from parent about family support worker checking in on family with COVID

6. Frequency and timing of future meetings

Agreement to have monthly meetings alternating between daytime and evening for the time being.

Matters arising between meetings should be sent to AW and he will action / find out info / pass on etc.

7. AOB

Q: SEN Support children have not been mentioned much in this meeting. Home learning offer is often a problem. No differentiation. Screen time is very high.

A: all schools are assessing which children should and could come in within guidance and they do not necessarily need an EHC plan to be considered. First port of call is the school if unhappy, and SEND Advisory Support line can be used to flag outstanding concerns.

A: feedback is that home learning differentiation is not as much as it would be in school. Schools do have different approaches to this and agree speak to school first and use SEND Advisory Support Line.

Info item from AS: if you are registered as a carer with your GP then you may receive a vaccine faster. Worth registering if you are not and you would like vaccine faster. Waiting on whether change in whether both parents can receive.

Next meeting: 8th March at noon.