Let's Talk About SEND - Parent/Carer Questions

SENART

If an EHCP is awarded can a young person be put in a year below their actual year due to not accessing education for more than a year?

A parent can request to offset their child's chronological age group (i.e. be put into a year group a year below their same age peers). This request is sent to the school and the agreement for this to be in place is made between the school and the parent. SENART are updated by the school, if this is put in place so that we can amend our records and review this at Annual Review.

How long is the backlog for annual reviews? My daughter's review was 10/3/22 and neither myself or school have heard anything from SENART.

There is no present backlog of processing for Annual Reviews, however each Casework Officer has an increased caseload at present and due to this, their capacity to amend and issue has been affected. Advice would be for the parent to contact SENART and speak to their allocated Casework Officer.

I still don't understand what we should expect regarding EHCP's & SENART. I still don't fully understand what we should expect and I take lead from school.

If parents would like to know more about the function of the SENART team, they can call our office and request a call back from their Casework Officer or speak to our Assessment Report Officers who can explain about our function and how we work with parents and schools in order to maintain the statutory process. Also, our SEN Officer's meet with the Parent Carer Forum once per month to answer questions like these and also offer advice on particular / individual issues.

EDUCATION PSYCOLOGY

Who would identify that a child has EBSA?

The EBSA guidance and materials that have been produced can be a useful way to help identify risk factors that may contribute to a child or young person developing/experiencing EBSA. Early identification, in collaboration between a school/setting, family and child is identified within the research as a factor associated with positive outcomes. Typically, a school / setting may act as the lead when looking to support a child or young person thought to have / be experiencing EBSA.

Will an EP contact the parent to speak about their views on their child? My son is due to see EP next week and I would like to give my views too.

Yes. An EP will wish to speak with a parent/carer in order to understand the strengths and needs of the child from the perspective of the parent/carer as part of a holistic assessment. This may take place before or a planned school visit or shortly after.

How can an EP "unpick" issues when a child masks in school?

EPs use a range of methods of assessment to understand a child's individual strengths and needs and to identify the barriers to making progress in school. This will likely involve speaking with parents/carers, the child, other key adults or professionals and observation in different contexts.

When an EP makes recommendations but the child doesn't have an EHCP, does the school have to implement the recommendations?

EP recommendations are evidence based and informed by the assessments undertaken and the available information. These recommendations seek to remove barriers to a child making progress with their learning and to promote inclusion. In line with the SEND Code of Practice, schools should implement a graduated response to the identification and support of a child's SEND, this will include seeking advice/guidance from relevant external professionals. Whilst a school is not legally required to implement professional advice, in addition to the SEND CoP, schools have a duty under the equalities act to ensure that a child's SEND needs are met.

Can school request EP involvement even if My Plan/One Page Profile hasn't been put in place? Child is masking in school & having breakdowns and not attending. Also had a rejected EHCP application.

Schools can request EPS involvement through a planning meeting. Schools are required to have sought parental permission to discuss a child so that a decision can be made as to whether they will then become known to the EPS. Schools will determine which children they would like to discuss with the EPS (and other professionals), and this is often where there is a barrier to a child making sustained progress in school. A school can request EP involvement at any point within the graduated response. During planning meetings we routinely ask about certain groups, such as those that might be considered as experiencing EBSA, at risk of exclusion, experiencing emotional well-being difficulties etc. to see if there is a need for EPS involvement. How schools prioritise EPS involvement may be based upon the size of their service level agreement.

How to access support after diagnosis for mental health (anxiety)?

If a child/young person has received a medical diagnosis of a mental health difficulty, support following this diagnosis would most likely come from Health services (CAMHS for example). However, an EP may work with schools, for a child that is agreed at the planning meeting, to support them in the implementation of therapeutic interventions and /or social/emotionally based interventions that would complement

any further support/therapy that a young person is able to access. We would advocate for a multi-agency approach to supporting a child, so that the right support is implemented at the right time.

Can you still have EP input if child is not in school – currently EBSA.

Our involvement with a child/young person is negotiated and agreed at the school planning meeting. This may include those who are not attending due to EBSA. However, as is indicated in the EBSA guidance, EP involvement is not always necessary. By following the recommended EBSA support cycle, it may be determined that external services may be needed (such as EPS, or other agency) to contribute to the process.

What is EBSA, is there any training for parents & schools for this?

EBSA refers to Emotionally Based School Avoidance. The workshop that the EPS delivered to the Parent Carer Forum can be available on request, the forum also posted links to the Wakefield guidance documents and webinar, on their webpage.

If you had an EP assessment over the phone during COVID, can you request an in person visit/review?

During Covid, like many other services, we were restricted in the activities we would typically be able to undertake, this included visiting schools and families in the home. However, statutory processes remained unchanged, as such, we endeavoured to undertake EHC assessments through virtual methods.

Further EP involvement will depend on the presenting needs of the child in school. Schools are expected to monitor and review a child's progress via the graduated response and via the annual review process. This may not require the involvement of the EPS. There have been a number of EHC Needs Assessments that were requested where there had been no prior EPS involvement. In these instances, EPS involvement was solely for the purpose of that assessment. Should a school feel they need further EP involvement, they are required to make a request for service involvement through the planning meeting.

How can I access a young person's reasons for EBSA when the young person has moderate learning difficulties?

If there are additional barriers to a young person expressing their views verbally, as per the EBSA guidance, a holistic assessment of the functions of the EBSA behaviours would need to include other sources of information, that being parent / carer views and observations, staff views and observations, observations of the young person, over time to understand what factors might be helping and those that might be hindering their attendance.

What is the best strategy for school re EBSA? We go in on time ignoring verbal requests/behaviour, but every day is a battle. School don't see the issue, as I allow time for them to regulate before going into school. I would home educate but my husband disagrees. I also get the feeling that support is

only for school children. However I have created such a safe space for my children they don't get to access **extra support (therapy, ELSA). Should us parents introduce mental health days?**

The Wakefield EBSA guidance (for Schools and practitioners) provides an evidenced based framework to support a child who is thought to be experiencing EBSA. This framework, or support cycle, is most effective where parents/carers, school and the young person are involved in the co-production of a support plan. Due to the often complex nature of EBSA, a 'quick fix' is unlikely, but a flexible and consistent approach is required in order to support a child's return to school.

PFA

What happens if a child gets an EHCP post Year 9? When does support kick in especially if they have been out of school for more than a year with no support?

If a young person is issued an EHCP Post Year 9, the statutory assessment will further determine what support and interventions are required, along with identifying PfA outcomes to aid the young person whilst in formal education. The staff working with the young person will record any work under the direction of the SENCO/class teacher who will design and supervise a scheme of work following the advice from the EP/advisory Teacher/Health Professionals (this could include a support programme that classroom staff need to be trained on to deliver to the individual). The Annual Review process will provide an opportunity to review all progress on EHCP Outcomes, advise on the revised teaching plan, additionally the SENCO will prepare a report that is shared with the parents, involved professionals, and the SENART Team.

What if the YP is undertaking EOTAS – Do you still provide the support?
Education other than at school (EOTAS) means the education or special educational provision of children or young people outside of a formal educational setting. The LA have a duty to fund the provisions of the EOTAS package but this can only be agreed in conjunction with the Local Authority where are no schools that can be named in Section I of the EHCP that can meet the child's needs.

Do you cover Meadowcroft School in Wakefield?
We do not tend to cover Meadowcroft School simply because as a specialist independent provision the school has the freedom to operate in what they consider to be their pupils' best interests'. They should employ staff to support the PfA agenda.

Does a child need an EHCP to have involvement with PFA? If so are there any services to help young people without an EHCP?
It isn't essential that they have an EHCP, it is a small team, however we do always try and help. PfA is everyone's responsibility and we are fortunate that we have universal and targeted services that are able to provide generic support. There are also many PfA resources that we have produced that are on the Parent and Carer

platforms as well as on the Local Offer that offer guidance, support and information on PfA.

If a child is having difficulties but has an EHCP and is currently on pathway for diagnosis – what help can you provide?
This is dependent on what the issue is, we can always signpost and support where necessary.

What happens if a child has not been assessed but needs help with PFA?
There are lots of PfA resources on the Local Offer: http://wakefield.mylocaloffer.org that will offer you information, guidance and direction on all matters relating to PfA. SENCO's in schools and colleges are also able to offer support and implement strategies and interventions for SEN learners.

What services do I need to have in place for my Year 10 son with health needs & doesn't have any plans in place?
This is dependent on what health needs your son has. If he has a diagnosed medical need that affects his mobility/access daily living activities it is important to have all the information recorded in a Health Care Plan (and updates yearly or when the needs change) which can be shared with those who have a duty of care.

It is important you link with health professionals to ensure any transition arrangements are clear and documented to ease any anxiety on who and which department will take over as your son transitions over to adults (sometimes this can be from age 16 onwards). At the age of 16, ask your GP/key health professionals about moving to adult health services when your child turns 18. This is because the change can take a long time and should not be rushed.

Yearly or annual health checks – young people aged 14 and over with a learning disability can get a free health check every year. It's only to make sure that your child is healthy and gives you time to talk about anything that is worrying you. To get a yearly health check, your child's name must be on your doctor's learning disability register. To make sure you're on this list, speak to your GP.

The majority of young people when turning 18, need to change over to adult health services. If you have an education, health and care (EHC) plan, you can use your yearly reviews to help get ready for this change.

WISENDSS

A lot of information given relating to supporting autism – What about children with other conditions such as Down Syndrome? Do these children get the same level of support?

Any pupils with additional SEND or learning needs can be discussed at planning meetings and appropriate support and advice around barriers to be learning would be given. If there are significant/ severe hearing or vison needs these would be picked up by relevant teams.

Is it possible to have a copy of the progression framework?

Yes, this is available to download on the AET website by anyone.

Can any WISENDSS training for teachers on ASD be done online or smaller groups? My school is re-training however it's not until September inset days.

Training delivery is discussed with the school around their individual needs and inset available. We can do virtual but this is not our preferred mode for the AET.

Schools will have planned this year's inset training and schools may have decided on how much time they need to give to the important AET work. Schools have only so many inset and training sessions available and also, we have to be aware that schools often have training for this and the next academic year planned out and booked. In addition, we have to plan our staff capacity for delivery of sessions around other work commitments alongside this.

What is SCERTs training (Autism)?

SCERTS is an overarching approach to autism created by a multidisciplinary team of experts. The letters in the name stand for Social Communication, Emotional Regulation, and Transactional Support—the critical elements of the SCERTS program.

SCERTS is not a therapeutic technique; rather, it is a model for engaging autistic children which, when properly applied, "provides specific guidelines for helping a child become a competent and confident social communicator while preventing problem behaviours that interfere with learning and the development of relationships."

SCERTS uses approaches from many different programmes including (for example) TEACCH, Hanen, with the goal of achieving:

- Functional, spontaneous communication (pre-verbal or verbal).
- Social and play skills (use of toys, interaction with peers).
- Generalized skills (many children with autism learn skills in one context at a time, and SCERTS helps children to understand, for example, that hitting is wrong not only in school but in any other context).
- Positive approaches to address problem behaviours.
- Functional academic skills when appropriate.

In order to use SCERTS this requires specific training by their agreed training provider.

In WISENDSS our Early Years team may in some cases use it to look at specific areas of need in relation to communication in conjunction with Speech and language specialists. This is focussed on early interaction elements and is not generally applicable beyond foundation stage. WISENDSS would not usually focus on this for pupils in mainstream schools above early years as we are focussing on the AET framework use which aligns better with a mainstream graduated approach. The special schools within Wakefield may also use with some pupils, it is best to speak to the individual schools if they use this with your child.

What services/training can be put in schools for adjustment reaction disorder, mental illness & additional needs?

This area of need probably sits more with the Future in Mind practitioners and the Mental Health Support teams and the Team around the School process. EPS may also advise on EBSA, emotional regulation and relational approaches among other aspects. Our specialist SEMH teachers would more readily advise or train on support for ADHD, FASD and strategies for emotional regulation and relational approaches.

Do WISENDSS offer support to independent schools?

Not as a general rule, we may be required by EHC panel to be involved in a piece of statutory work for a pupil with an EHC. Where a private independent school has approached us, we can discuss trading our service if we have capacity. We would not generally give advice to a specialist independent as they should not need this level of advice, they would be expected to have their own specialists.

Dyslexia/Dyscalculia – How can school help a child without a diagnosis?

We can assess the needs of children with this area of difficulty without the need for a diagnosis and can give detailed advice on strategies to support. The assessments would often give more specific advice than a diagnosis alone would.

Are there any neurodivergent trainers delivering the AET content?

Staff may not necessarily wish to disclose if they are neurodivergent. Some staff have lived experience of SEND within their families.

However the AET content of the training is shaped and approved by through the autistic young experts so we are ae confident that it reflects those with lived experiences.

SENCO

What school does Amy work at?

From September I'm Assistant Principal for SEND and Inclusion at The Kings School in Pontefract.

What does a school need to see in a child to be added to the SEND register in school?

The code of practice sets some guidance here but personally, I think it's very 'grey' and I hope the new Code of Practice (2023 we think) will make this more black and white. The same child might be on a SEN register in one school but not in another. Page 94 of the code of practice is the place to start. Also the School's SEN Information Report that should be on their website should outline what the school's approach is in identification.

Where does Amy work? I think we all want to send our children there!

The Kings School! That's very kind!

What are classed as combined reasonable adjustments for an 8-year-old with mental health issues, ASD, anxiety & separation anxiety?

Not a cop out – but it's difficult to answer this because every child with ASD/MH difficulties is going to be massively different, have different triggers that cause the anxiety. I had lots of experience of this in communication resource. School need to know what's driving that behaviour in order to support it. If the child is refusing to attend school or could potentially refuse to attend then they can use the Emotionally Based School Avoidance Toolkit (free from educational psychology). My focus would be on supporting the anxiety and the mental health in a safe place in school before trying to engage with wider school setting – I think schools sometimes forget how slow this process can be. Flexibility it easier in some ways in a primary school – a fun activity at the beginning of the day may help to alleviate some of separation anxiety if they know they are doing something nice. Havin an object that belongs to parent can also help (something small like a keyring or a 'special item' to remind the child that you are coming back for them! I could probably go on another 3 pages of ideas but without knowing the specific circumstances and what's already been tried it might not be relevant!

What adjustments can be put in place for children with needs who gets so frustrated at trying to keep up?

If it's trying to keep up with learning – we need to know what the difficulty is that's preventing them keeping up, is it that there's too much language and child has auditory memory difficulties? Maybe they need more visual supports – this can really help children who are struggling to process auditory information and there's so much in a classroom that is auditory, so if we can support that with a visual it can be useful. If its literacy needs in general then teacher expectation of expecting less in terms of the quantity of work but not the quality 'it can take them twice as long to do half as much' approach. Providing alternatives to recording if writing can take a long time – can they voice record responses or demonstrate knowledge through mind maps/pictures/diagrams. I think in this situation as well some children recognise, they aren't doing the same amount of work as peers and that frustrates them – is it about teaching them we all learn at different paces, we're not all the same and using some growth mindset approaches. They still need to feel successful, if they can feel that they are achieving then the frustration should reduce.

How do I get more help for my child with dyslexia, as he only gets what I have asked for at the moment?

I am a specialist dyslexia teacher and assessor (I don't use this qualification for Wakefield LA but can share my own experiences) Like Helen from WISENDSS said, Wakefield LA don't diagnose Dyslexia – this is not uncommon across other LAs either. You may have sought a private diagnosis or maybe not. Private diagnoses are really comprehensive and give lots of recommendations – lots of these will be 'quality first teaching' type things and some more specific (like maybe a multi-sensory/dyslexia specific phonics programme). WISENDSS can carry out some assessments that could give school additional strategies to support. My experiences

of dyslexia is that most dyslexia provision can be carried out in school without an EHCP – in some circumstances an EHCP could be appropriate but this would more likely be due to a combination of needs and not just the dyslexia.

ADHD

If you have had initial assessment with consultant & agreed to put through to ADHD Pathway a long time ago, should I follow it up or wait for a letter?

This depends on the duration of time you have been waiting. If you have any concerns about the waiting time then please do contact the service who will be able to inform you about where your child is on the waiting list.

2 x ADHD referrals been rejected due to differences seen between settings. Is it possible to appeal for the referral to be accepted?

The referral form is designed to help identify possible ADHD based upon recognised diagnostic tools. ADHD as a condition should be pervasive across multiple settings. Without detail on individual case it is challenging to advise on best course of action. If there are issues that are causing concern for the function of a child that require further investigation than a child can be referred to community paediatrics.

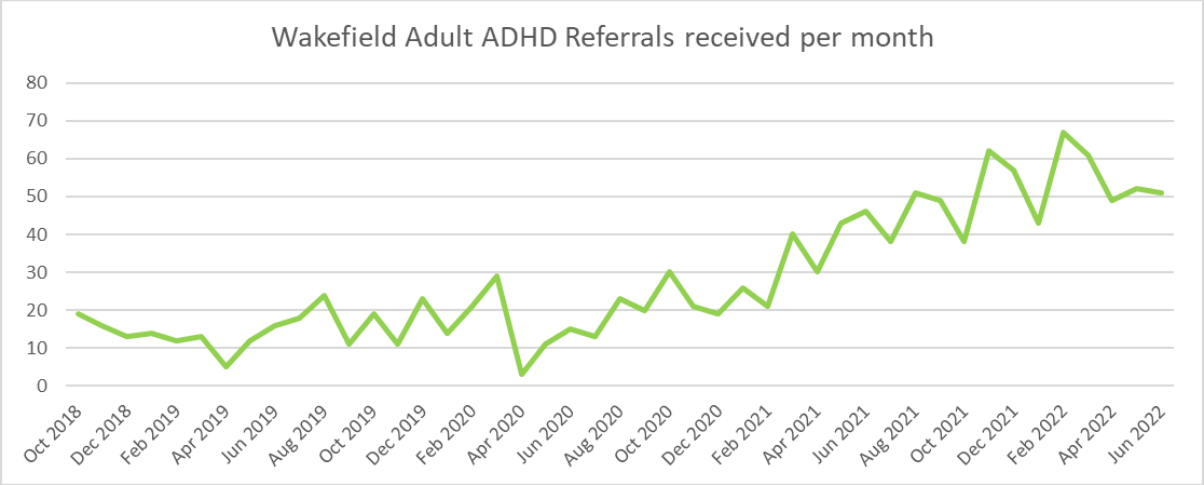
How important is the QB Test to ADHD diagnosis, eg, shows strong chance of ADHD but not diagnosed? How accurate is QB Test if the results don't mean a diagnosis?

The QB test is not essential for a diagnosis as a clinician is able to make a diagnosis without a QB test. If there is any challenge/query regarding a diagnosis a QB test is useful to support in the decision making. It is a highly accurate means by which ADHD can be diagnosed.

What is the time frame for assessment for adult ADHD after initial screening? Would it be better for us "right to choose" and refer to private clinic?

In response to the question about ADHD diagnosis assessment – there is no initial screening process in place – unless the individual was part of small trial that was undertaken and has now finished.

The adult ADHD pathway in Wakefield is commissioned to assess approximately 9 people per month but receives approximately 54 referrals each month. It is important to highlight that demand for the service is 317% higher than it was before the pandemic, as shown in the graph below:



This extremely high demand for ADHD assessment has inevitably led to longer waiting times despite the service responding to increase capacity by diverting resources from our interventions pathway to offering more assessments.

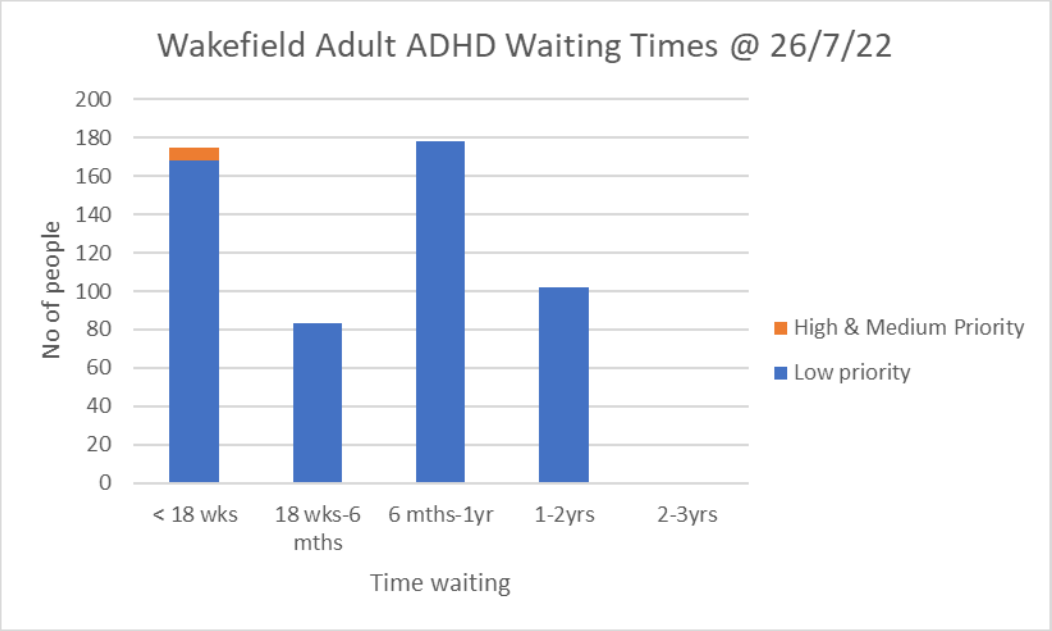
In terms of waiting time it is not the same for everyone as we have developed a prioritisation approach based on clinical risk and likelihood of ADHD.

The referrals indicating high or medium risk/likelihood are seen first and those that are standard are added to the waiting list.

Wakefield currently has 7 high or medium risk people waiting for an appointment, all of these have been waiting less than 18 weeks.

529 standard referrals are waiting, the longest wait is 18 months.

In terms of whether an individual wants to use their ‘right to choose’ otherwise known as Choice, this is a personal decision, though other local providers across West Yorkshire, both NHS and private providers have seen increasing numbers of referrals with subsequent increasing waiting times. Additionally, an individual and their GP should weigh up who would manage any future management of medication prescribed as the Wakefield adult service will not accept ongoing referrals for titration of medication or changes in prescribing, for patients diagnosed in private practice.



ASD

Does the 49 week for ASD assessment to be completed start from the date of the first appointment?

49 weeks is the current wait from the point the referral has been accepted. If the paediatrician has referred through for multi-disciplinary assessment the wait for outcome of assessment is 16 weeks.

If diagnosed ASD and is later thought to be demand avoidance, can this be officially documented/diagnosed?

Demand avoidance is not recognised as a stand-alone diagnosis across the NHS. Clinicians can comment that a person has Autism with a demand avoidant profile. Demand avoidance will not be diagnosed in isolation.

How can I find out where we are on the list for referral?

Please contact midyorks.asccoordinators@nhs.net to get an update on waiting list. Please specify if you have or have not yet seen a paediatrician.

Waiting times for autism nurses/learning development teams?

The CTLD team is currently working on a backlog of cases. If you are waiting for input, please contact 01924 453387 for an individual update if you are waiting.

MIXED QUESTIONS

Has anyone got a recommendation for private Dyslexia Assessment in West Yorkshire?

We wouldn't recommend any particular organisation and stress in Wakefield a diagnosis isn't required for support to be put in place (please see other similar questions).

Which mainstream schools were successful in gaining the capital grants funding?

There were 11 grants awarded to: Castle Nursery, Pinders Primary, North Featherstone Junior & Infant, St John's Primary, Hendal Primary, St Mary's Primary, Glasshoughton Infants, Stanley Grove Primary, Smawthorne Henry Moore Primary, Cathedral Academy, and Wakefield College.

All applications were considered by a multi-agency panel, including members of the Parent Carer Forum. We will be launching another opportunity from September 22.

Where do we get information with regards to high school mainstream V specialist schooling support?

All schools publish their SEND Report on their websites. This gives information about what parents can expect from the school with regards to SEND support.

Should we expect after school clubs to offer support for our child with an EHCP?

Any child can access after school club, and provision should be in place where necessary for children with SEND. However school's run their own wrap around care and after school clubs / breakfast clubs are not legally required to provide support or interventions prescribed in Section F of a child's EHCP.

Is there more Social Communication & Neurodiversity Information/Training for parents?

In conjunction with the PCF WISENDSS are offering an AET session on making Sense of Autism in September.

Is there any support/courses for children after diagnosis to help them understand themselves and their diagnosis?

Post diagnosis parents are offered a drop-in virtual session and with this information shared on videos that can be used to support understanding and other materials. Our advisory teachers can offer advice on suitable packages around understanding diagnosis.

How would you get a Dyspraxia diagnosis for children and for adults? We are currently under referral for SPD.

There are two routes that you can take. Parents can complete a self-referral form for a paediatric Occupational Therapist. Alternatively, you can get in touch with your GP,

who can refer on to a paediatrician, paediatric occupational therapist or paediatric physiotherapist in children, or an occupational therapist or physiotherapist in adults.

As you are already in the system with the Sensory Processing Disorder it is worth discussing it with the medical practitioner carrying out that assessment. If SPD is diagnosed, there is likely to be an overlap with some of the symptoms that are seen in Dyspraxia as there is a struggle to interpret the messages that are received through the senses from the environment, whereas in Dyspraxia the struggle is to co-ordinate the response to the messages. Some of the practical tips shared might help. You are unlikely to get a dual diagnosis with Dyspraxia as it tends to be given once other conditions have been ruled out.

Are they looking at improving/increasing Portage support? This may have already improved, our experience was excellent, but when our worker went on long term sick, we lost the service as no cover was available.

Thank you for the positive feedback regarding the experience of Portage. Whilst we have had the occasional period of staff absence, we have returned to full staffing within the team (4 Portage Home Visitors and 1 Lead Portage Home Visitor). Due to the nature of the Portage involvement and high caseloads, it is not always possible to re-allocate a family if a team member is on sickness absence, we do endeavour to maintain contact as a Service, with those families during the absence period.

If child is diagnosed with verbal dyspraxia but shows signs of dyspraxia in many ways, do they need another diagnosis?

I'm sorry but yes. Verbal dyspraxia is considered a speech disorder and is likely to have been diagnosed by a Speech and Language Therapist. It is a difficulty in placing the muscles that produce sound into the correct position. Dyspraxia looks very much more generally at the whole body, and the diagnosis is given when there are difficulties with fine and gross motor skills. This is looked into by an Occupational Therapist or Physiotherapist who carry out a Motor ABC assessment.

What can be arranged if child will not attend appointments for referrals?

Please speak to the individual service and see what they are able to offer, depending on the type of appointments different methods may be able to be used.

If child is home schooled, do you still need an EHCP?

It is not a matter of "needing an EHCP", however parents can request a statutory assessment. When a child is EHE and has an EHCP in place – Section F provision is provided and delivered by the parent and does not fall to the LA to provide.

Which department suggested SEND provision outside of school? How would we access these or add new ideas such as animal therapy?

If you have any new ideas for improving SEND provision, please let the PCF know, we meet with the Forum every two weeks and will investigate any ideas in more detail, of course we can't promise everything will be possible.