LET'S TALK ABOUT SEND

At: The King's Croft Hotel, Pontefract WF8 4HA

Date 23 March 2023

Questions and Comments Logged:

Jacqui Dundas Teams

Question: Waiting list from child to adult services for initial assessment how long?

Response: There is no waiting list for adult social care. The transitions team accept referrals from the age of 16 and will allocate a social worker prior to the young person turning 18. The transitions worker will complete a Care Act assessment to identify eligibility and need for adult services.

Question: Where do parents go if an EHCP is not being done?

Response: If parents are concerned that the provision in an EHCP is not being delivered this needs to be discussed with school and the SENART casework officer. If this is not resolved an early review will be convened.

If parents are concerned that school are not requesting an EHC Needs Assessment and one is required, parents are able to make a parental request to assess. In making the decision whether to assess the LA will consider:

- Whether the child or young person has or may have special educational needs, and
- Whether they may need special educational provision to be made through an EHC plan.

Question: How do you help an academic child that has not met the 'need' for an EHCP to prepare for adulthood? There is a huge service GAP!

Response: A bright academic child will have their own challenges, including anxiety. However, this should not interfere with the ability to perform daily chores, go shopping, meet with friends, and travel by public buses or trains. It is about overcoming fears, and adapting the unique abilities of your child and thinking about the right strategies that will benefit them the most. Different strategies work with different people.

Design a plan, and decide what you want to focus on first, prioritising what you feel as parents will increase levels of independence. Sometimes, young people begin showing results later rather than sooner but always will if given time and support.

Mindfulness, tolerance, and persistence have positive impacts on your child in the long run. It enhances the confidence level and belief in his/her abilities. As a parent you know your children well, so formulate strategies to manage the task and they will be effective, the key is, keep an open dialogue, encourage them to pursue interests in particular, walking outdoors in the fresh air, exercising and engaging in hobbies so they do not start withdrawing and isolating themselves which become obstacles to social life. Specific support around particular strategies as a parent can be sourced from The Youth Hubs in your area. There are a number of trained staff and specialist organisations that work within the Hubs and referrals can be made if necessary.

The Youth Hubs in the Wakefield District – The Hut in Airedale, Platform 1 and the Youth Hib in Crofton all provide lots of activities and have staff that can work on a one to one with young people regardless of whether they have an EHCP and schemes are running during the holidays. Preparing for Adulthood sessions will be held later in the year for young people who have SEN needs. These sessions will be shared with PCF so if you are interested, please let us know and we can ensure we share further information.

Question: Dyspraxia – at what age do they diagnose? Who does the assessment? How is it different from autism as both can struggle with clothing issues.

Response: Diagnosis is rarely given before the age of 5 because a child has to have had the opportunity to try to develop a motor skill before you can say that they cannot do it e.g. riding a bicycle.

Assessments are usually carried out by an Occupational Therapist or Paediatrician, using an assessment called the Movement Assessment Battery for Children (version 2). They will also ask about the impact of movement difficulties on self-care skills, education, and leisure activities to access how pervasive the difficulties are, before arriving at a diagnosis. It is important to note that only those children who fall in the bottom 5% will receive a diagnosis.

There are lots of overlapping difficulties. Someone with Dyspraxia or Developmental Co-ordination Disorder (DCD) can expect to have difficulties with:

- gross and fine motor skills
- sensory/perceptual/attention
- social and emotional development
- speech and language
- organisation and sequencing skills

You might expect a similar list for other conditions such as Autism or ADHD, but the key is that with Dyspraxia/DCD, the difficulties with gross and fine motor skills are the main area of difficulty.

Question: How do you go about getting a diagnosis of dyspraxia and more information how you get the ball rolling.

Response: The children's therapy service provides a standardised DCD (developmental coordination difficulties) assessment. The service accepts referrals from professionals and schools who have identified difficulties with fine motor and gross motor difficulties. We do not diagnose dyspraxia but write a report stating if the child has traits that are linked to DCD according to the outcome of the assessment. The therapy team work with the paediatricians to make a more formal diagnosis, though this pathway is being reviewed at present (May 2023)

A DCD assessment is an evidenced based assessment which has very specific guidance for how it is undertaken and if a child has learning difficulties or reduced understanding and is unable to follow instructions, the formal assessment cannot be completed. However, even if the child is unable to complete the standardised assessment and has coordination difficulties, they can still be referred to the therapy team for assessment of need which can lead to development of a plan of support/strategies.

Question: Dyspraxia – if you could give advice to a newly diagnosed 15-year-old what would you say or recommend?

Response: As a parent/carer you need to make sure that you go at the young person's pace. Be prepared that they don't want to talk to you, and they don't want to be different to their friends! Be prepared for them to need to go through the stages of the grief cycle: denial, anger, bargaining, depression and finally acceptance.

The Dyspraxia Foundation www.dyspraxiafoundation.org.uk recommends printing off some of their leaflets and leaving them around for your young person to look at when they are ready. Some of the adult ones might also be useful for them.

Acknowledging that some things are going to be difficult is a good place to start, but also that now you know why you find some things hard means that your young person is entitled to get help and support with it. Given the age of your young person suggesting a conversation with school about help with homework and exams might be an attractive way in.

There is a private Facebook page called Dyspraxia Foundation Youth. This is exclusively for 13 to 25 year olds with Dyspraxia/DCD – it might be something that your young person might want to explore and would provide an opportunity to communicate with other people with Dyspraxia their own age.

Question: What is the difference between Dyspraxia and sensory issues?

Response: The main difficulty with Dyspraxia is the gross and fine motor skill difficulties. Gross motor skills are big movement, like walking, running and jumping.

Fine motor skills are small movements like handwriting, fastening buttons and using a knife and fork. Sensory difficulties are another part of a Dyspraxia/DCD profile.

Question: Dyspraxia: Clothing is it also a sensory issue or just it is hard to process how to wear?

Response: Because of the fine motor skill difficulties, the act of putting clothes on and fastening items of clothing cause the main issues for someone with Dyspraxia. Stiff fabrics, or lots of layers, might also restrict movements. A dislike for some fabrics might be a part of the sensory profile of someone with Dyspraxia.

Question: Can you name the mainstream school that were successful for gaining the grants this year?

Response: Mainstream schools who successfully won grants in 2021/22 were:

Wakefield College, North Featherstone Junior & infant, Pinders Primary, Trinity Cathedral Academy, St John's Primary, Castle Nursery, Hendal Primary, St Mary's Primary, Glasshoughton Infants, Stanley Grove Primary, Smawthorne Henry Moore Primary.

In 2022/23 the schools who successfully won grants were:

Snapethorpe Primary, Oyster Park Primary, Alverthorpe St Paul's Primary, Pinders Primary, Harewood Nursery School, Three Lane Ends Academy, Airedale Academy, Mackie Hill Primary, Smathorne Henry Moore Primary, Fitzwilliam Primary, Castleford Park Junior Academy, Outwood Hemsworth High, Methodist Junior Infant and Nursery School, The Rookeries Primary.

Question: What is GIPSIL and how can they help with EBSA?

Response: GIPSIL is a provider of mental health and well being services. They are commissioned by the ICB to work with young people aged 16 plus whose CAMHS work may be coming to an end. There is a self-referral system for this.

They also provide a wellbeing coaching service commissioned by the local authority for children and young people aged 12 plus with Autism and SEMH who are missing out on education. The referral route for this is via education and SEND professionals and it is approved by panel. Children and young people are worked with on an individual basis to identify the barriers to going to school/college/training, an action plan is developed, and a highly personalised programme of support implemented.

Education Psychology Questions -

Question: Role of EP – how do you recognise is a school does not have the appropriate SLA to support their needs? What happens to those children who need EP support but the school have run out of provision?

Response: Service Level Agreements (SLAs) are in place for 2 years and determined by the school in advance of renewal. When deciding on the size of the allocation, schools may consider different factors such as numbers of children with SEND/PP, numbers on roll, how much time (if renewing SLA) was used in the previous SLA and consideration of future needs (SEND needs and school development etc.).

Schools are encouraged to be forward thinking and prioritise EP support for the coming academic year. EP involvement is discussed between the link EP and School (usually SENCO) at the service planning meeting (usually bi-annual). EPs will ask about a range of needs to support identification and prioritisation of casework, training and consultation. Occasionally, schools may wish to request further EP support which might be above the allocated time. The schools are able to request the purchase of additional EPS time, and this will be dependant upon capacity within the service. School's will also liaise with Advisory Support Services (such as WISENDSS) where there are ongoing concerns regarding a child's progress.

Question: Education Psychology – Can parents ask for EP findings/reports for their child?

Response: Yes, we would always encourage parents to contact the EP working with their child if they have any questions about their involvement. EPs may be involved with a school/child in different ways and feedback about EP involvement may be in the form of brief recommendations shared with the parent and school, a Record of Involvement or Report outlining the findings from an assessment to support the development of an MSP. This will be agreed at the outset of EP involvement and discussed with both parent and school.

Sue Sharp's Teams (WISENDSS) -

Question: What should I expect from the school now my 10-year-old son has been diagnosed with autism? Step by step guide re what questions I should ask. SMTLP as standard?

Response: This will depend on their individual need. Initially, a discussion with the SENCO would be helpful to discuss what is already in place and be able to continue with those interventions and strategies. If school need further advice, they can seek that from WISENDSS.

Question: Who do I speak to if I am struggling to contact the temporary school SENCo? School SENCo is on maternity leave and I have had no contact with the temporary SENCo at all.

Response: Initially we suggest speaking to the class teacher or the reception team, who can pass on your request to the temporary SENCO. If this isn't successful, we suggest asking a member of the SLT. It may be helpful to try different methods of communication, e.g. face-to-face, email or phone calls.

Question: Can we all call it Autism Spectrum condition? It is not a disorder and we all agree this?

Response: We encourage this via our AET training, and the use of the term 'autism' or 'autistic' as advised by their Autistic Young Experts. However, at a medical diagnosis, the term used is still 'disorder', and this is still an area of need on EHCPs as these terms were put in place by the DfE and cannot be changed by local authorities. We use the expression 'difference not deficit' in all our training and discussions.

Question: Still blaming covid for anxiety in ND children is hiding how unsuitable schools are causing this too?

Response: Schools shouldn't be using this as a reason - we are encouraging all settings to focus on the individual strengths needs and characteristics of each child and adapt their teaching accordingly.

Question: When professionals recommend strategies, who polices that the school is using the strategies? What can parents do if they are not followed?

Response: EHCP provision is enforceable, and schools are expected to work with all agencies and services to consider the quality of implementation, encouraging them to use best endeavours to deliver that provision. For children without an EHCP, we provide advice. We support and professionally challenge to ensure schools understand what is advised and how to implement it. We also carry out joint work to enhance quality first teaching and the early stages of the Graduated Response.

Question: Lot of services are saying the right buzz words ie parents are the experts, children's voice but it is not seen by parents in the real world.

Response: Individual parents are welcome to speak to services and use the helpline to consider when and how the voice of the family has been gathered to better understand the circumstances of the case and provide advice.

Question: Needs led: whilst the ideology is nice it does support later in life:

- **Workplaces**
- **Services**
- **University**
- **College**

All need diagnosis to support, a lot of schools still not following needs led model.

Response: We encourage schools to look at individual need as well as ensure discussions are taking place about quality transition and preparation for adulthood.

Question: Does WISENDSS and AET work with private schools too?

Response: All settings can contact WISENDSS directly or use the AET website to locate which trainers are available and how training can be arranged, dependent on the enquiry. WISENDSS doesn't have an advisory offer to independent schools although where a child has an EHCP we may offer advisory work if needed.

Question: WISENDSS – can you have an open referral on our system?

Response: Cases are kept open while any active work is being carried out. They are classed as 'dormant' after 12 months without active work but can be reopened at any time on request from the SENCO.

Question: How do you support cross-border lives in a different council but is in a Wakefield school?

Response: We support all Wakefield schools with advice for all children, even if they live in a different LA. However, if a statutory assessment were to take place, that would require the involvement of the child's home LA, who may nominate their own professionals to become involved.

Likewise, we support schools outside Wakefield who have a Wakefield child with SEND and need advice.

Question: SENCO – How can a SENCo be committed to the job if they have 2 roles ie also assistant headteacher? Surely, they should commit to being JUST a SENCo?

Response: We find that SENCOs are usually very committed to the role. However, the size of that role will depend on the size of the school and the level of need of the children. In small schools, most staff usually have more than one role. Also, it is considered best practice for the SENCO to also be a member of the SLT, as it raises the profile of SEND within school development planning.

Question: How can we access AET training as parents please?

Response: We are happy to offer through Wakefield Parent Carer Forum. There is currently (June 2023) a post in the WPCF Chat Group on Facebook asking who is interested in attending the next session so add yourself to the list.

Question: Reasonable adjustments if on a waiting list – can this happen or is it too late for 2023 exams?

Response: Access arrangements for exams aren't related to diagnosis but relate to the child's 'usual way of working' – schools are fully aware of the rules and should already have these in place for summer 2023.

Question: How can I get help with a child not been in school since September – school say can't meet needs and panel say need to get her in school?

Response: We encourage schools to use professionals' advice and draw on their expertise to support children into school and find strategies to meet their needs. Panel's comments and decisions are based purely on the written evidence presented to them. Therefore, if a plan indicates mainstream provision, with no advice from professionals to indicate that other provision is required, the Panel decision must reflect this. Please make further contact to discuss in more detail.

Question: The Hub: Do they have a section that are more trained in SEN?

Response: A new SEN post for the Hubs is being recruited right now.

Question: Send helpful information from WISENDSS to parents to help at home as well as school

Response: All WISENDSS visit records should be shared with parents by the school when they receive them, and some of the advice in them will also be helpful at home. We will soon be offering drop-in sessions which will support parents with strategies to use at home, however our role and remit is to support schools.

Question: Booklet to keep referring back to?

Response: Please see above re WISENDSS advice. Also, information about the content of the PCF day will be shared by PCF for your reference.

Question: Information packs are needed around certain diagnosis

Response: Health services provide these at the point of diagnosis and in clinic. There is also a wealth of publicly available information from national third sector

organisations such as the NAS, FASD UK, Downs Syndrome Association and others. We will explore this further to see what can be added to our Local Offer.

Question: Schools should be expected to share SEN information and advice when discussing SEN with a parent.

Response: Please see above, around WISENDSS visit records which should be shared with parents. We would expect that schools would work together with parents to signpost to suitable sources of advice and support where necessary.

Question: Masking – how can this be identified in school if all they see is a child that masks? As a parent you can feel ignored only when the mask slips and suddenly 'challenging behaviour' is seen, and parents are called in – but this is the child's normal behaviour.

Response: We acknowledge and understand that a child can present very differently in school and at home. We train, advise and support schools to understand this too. Children may have developed coping strategies which mean that their 'normal' is not evident in school and that it isn't clear how hard they are working to maintain the behaviours that have allowed them to blend in. We encourage parents and schools to work together to ensure they have a rounded picture of the child's needs and can implement strategies to support them in school and at home.

Question: More awareness of PDA needed in schools and other services. Is this something that will be introduced?

Response: Awareness of demand avoidant presentations of autism is part of our AET training. We advise schools around children who present as demand avoidant as part of our normal WISENDSS advisory work.

Question: Sensory profiles for children unable to access OT.

Response: Questions about why OT referrals are not picked up should be addressed to the health teams. Sensory assessments by an OT require attendance in a clinic environment to enable all sensory issues to be fully understood. WISENDSS can provide sensory checklists and advice around strategies to meet sensory needs, but this does not replace an OT assessment.

Question: Can you list the primary schools that have taken the AET training course/are champions?

Response: PCF has this information which is regularly updated.

Question: WISENDSS – do we as parents have a right to ask to see/know how they are tracking child in school?

Response: Schools are responsible for tracking the child's progress and parents can ask them about how they are doing so/ask to see the information – usually this would be shared regularly.
WISENDSS can advise school around suitable tools that can help them to track children's progress towards their outcomes.

Question: Choosing schools is a lottery/lucky dip. It is up to individual teaching staff if they take up the offer of training. How can parents find out which schools/teaching staff have had training?

Response: Schools do all sorts of training, based on their individual development plans (which should be published on their web sites). Individual staff don't always have any choice around what training they access – it is usually directed by their SLT.

Health – Jo Rooney

Question: Future in Mind: my son was given sessions in school, but he was quizzed by FIM's I did forewarn the worker of this, he was then discharged because he refused to engage. So what now?

Response: Any assessment of need for a young person will require them to answer questions and be able to articulate, to some extent, their problem. Using the young person's understanding of their problem, the worker will then work with them to identify a goal and steps and strategies to help them achieve that goal.

The family should contact the service again and ask if they can have some time with a mental health practitioner – to look at options and ways that they could engage the young person.

Question: Who deals with eating disorder – Arfid?

Response: ARFID is a growing concern across England and there are very few services who understand and can support individuals with these issues. In Wakefield we have recently commissioned support for ARFID from our CAMHS provider and this is in development.

Question: What is the criteria to be seen by CAMHS for Arfid?

Response: CAMHS will see a child or young person with mental well-being needs, if ARFID is an element of the child or young person's needs then the CAMHS service which is seeing the child for their mental health needs will be seek support from the ARFID service.

Question: Autism pathway – what would help – information packs to help between the referral and fist appointment.

Response: Through the ASD Strategy Group we will look at what is currently available and aim to develop a pack with providers and parents.

Question: CAMHS – Parent offered CBT course to implement for child but course is at 6pm on zoom when the child is at home this won't work for most families.

Response: Where an offer won't work for your family circumstances – then CAMHs need to be informed and an alternative offer will be made. The course at 6pm was instigated to enable working parents to be engaged, as that had been raised by other families. In many cases the child being at home whilst the course is being run is seen as positive from a therapeutic perspective as they can understand that their parents are engaged in supporting them and also what their parents are being taught.

Question: Social and emotional skills but not ever been referred (17-year-old)

Response: Further clarity would be required to be able respond to this question please contact the PCF and provide more details.

Question: Future in Mind: At what age can they get support? What are the criteria to get support? Do you support young people with autism?

Response: Future in Mind is the umbrella name for services delivered by Mental Health Support Teams and the new provider Compass. Both elements can offer support in relation to emotional and mental well-being for a child with autism, the type of support will vary based on the issues and the child's developmental needs, but the services are commissioned from the age of 5 years. In terms of criteria it's a need for support for a child's emotional and mental well-being, but the work will be goals based and time limited.

Question: Can CAMHS support anxiety which includes septation and selective mutism?

Response: CAMHS can provide support for anxiety where selective mutism is a feature, it would require an adapted approach but as with all therapy it would depend on the young person's willingness to engage. Therapy for emotional and mental well-being is not something that you can 'do to' somebody to treat them and cure them. Therapy is a 2-way process where the child and young person needs to be an active participant. CAMHS will offer alternative venues and methods of trying to engage with the young person if individual needs are explained to them. However, in some instances this may lead to a longer wait for support.

Unfortunately, I don't understand the term Septation in this context (it is a health term but relates to a physical need).

Question: Can Wakefield look at different diagnosis such as PDA and sensory processing disorder, rather than just under the ASD umbrella?

Response: Sensory processing difficulties can be considered under a referral to occupational therapy.

Pathological Demand Avoidance is not diagnosed as stand-alone condition as its not recognised as such but is recognised as an element of an Autistic Spectrum Condition.

Question: Do you have to be diagnosed with ASD to get melatonin?

Response: Melatonin in an unlicensed medication in children and therefore can only be first prescribed by a paediatrician or a psychiatrist and not a GP. There is limited evidence of its effectiveness in children and young people who have ASD and Learning Disabilities, where there is no visual impairment. However, when all other avenues such a sleep programmes and routines have been instigated with support from services then melatonin as trial may be considered by the child's paediatrician or psychiatrist, and this would not be dependent on a diagnosis of ASD.

Question: How do schools refer into Future in Minds? What stage of support would highlight a need?

Response: Each school has a link worker for the FIM offer from the Mental Health Support Teams, they need only contact their worker for an initial conversation/consultation about a child or young person, often referrals also come through the Team Around School meetings which tries to identify the most appropriate service for a child and family including Early Help, 0-19 or Compass.

Question: What support is currently available for a child who is waiting 42 weeks for an initial assessment?

Response: CAMHS referrals have an initial assessment within 4 weeks unless parents are unable to make the first appointment offered.

ASD assessment – there are no formal support pathways in place at the moment though this was part of the investment into the service in 2019 and this is being considered – however, this will be an offer of signposting to resources online and to organisations such as the Parent Carer Forum, WESAIL, other parent support groups such as Kidz Aware and Beat Autism. They may in some cases be able to refer to WASP.

Schools can access advice and support from the WISENDSS advisory teacher, and they would be able to discuss any implications from the diagnosis letter if parents have shared this with a school.

One of the team managers supports the post diagnostic clinic on a monthly basis and is there to answer parents' queries in relation to schools. We are providing an extensive AET training offer as part of the work to support understanding of autism.

Question: Future in Minds: make it clear on your presentation that you work with ALL children including those with SEND

Response: I will feedback to the provider to ensure that in future this is clear.

PCF

Question: Have a booklet that copies what is on the screen – some people have problem seeing screen from rear of the room or another screen

Response: Last year the venue perfectly met our needs which is why we used the same venue again this year. However, following the technical difficulties with connectivity at the venue this year, we have agreed to change venue for 2024. We will share details of the new venue in due course and can confirm that struggling to see the screen will not be a concern at the new venue. We had double the number of attendees this year which is fantastic, so we need to be responsive in securing the venue to best match our growing needs.

Joint Responses

Question: No education for months who should be providing this? Where do we go when CAMHS say no? Team courses not enough.

Response: This will depend on the individual circumstances and situation and there are a range of possible answers. Please raise this via PCF as this should be discussed with us in more depth.

Question: WPCF – Cuppa and chat with CAMHS

Response from PCF: We have recently met with both CAMHS & Future In Mind to look at how we can work together. The CAMHS team do not have the capacity to offer us a regular Coffee & Chat session at the moment, but we have agreed to continue to meet with them and gather feedback from parent/carers to share with the CAMHS teams. We also have some of their leaflets which we will be adding to our website and will have them available in our unit to share with parent/carers.

Question: School liaison plan support

Response: Please contact the PCF with a little more information and we will look to provide a response.

Question: Is there a list of schools that have had extra SEND grants or training.

Response: We are only aware of schools that have accessed training through the local authority. All schools are autonomous and can obtain training from a wide variety of providers of which the local authority is just one. See above for those schools that have received High Needs Capital Grants.

Question: Information given during the EHCP process – what about the children who have SEN but school won't support an EHCP application?

Response: Parents can request statutory assessment, although best practice would be for the school and parent to do so as a joint discussion and in agreement. However, if a child is at an earlier stage of the graduated response, the evidence required may not yet be available. In such a situation it is sensible for school and parents to agree the point when it would be appropriate to request statutory assessment.

Question: Could the format of this day be provided for SENCo's/school leaders so they know about all the services/offerings?

Response: SENCos are informed about services through a number of different platforms including the 'Nuts and Bolts of Being a SENCo' which is a training course offered for people new to the role of SENCo or new to Wakefield. There is also an annual SENCo Conference, a resources page on the Traded Services website, and a Wakefield Virtual SENCo Forum hosted on Facebook. Sessions on SEND are also delivered to school leaders at the annual School Leaders' Conference. News relating to SEND is disseminated to school leaders through the Director of Education and Inclusion's weekly bulletin.