

**Children, Young People and Families (CYPF) Services Response
to
*SEND Voices Wokingham Survey Findings:
Families focus on services and support during Covid 19 Lockdown***

Thank you very much for sharing the findings from your survey with us and we apologise for the delay in responding to this.

We appreciate any opportunity to hear from families using our services and to use any feedback to help us think about service delivery. We are very grateful to the 81 families who responded. We know that the pandemic has brought many challenges for children, young people and their families and can see that this is reflected in your survey, with a lot of feedback regarding the challenges brought about by the pandemic and worry about what the future might hold.

Before addressing specific areas highlighted by the report, we thought it would be helpful to provide some context in relation to our commissioned services and the restrictions placed on these, due to the outbreak of Covid-19 and our local response in mitigating the impact of these restrictions on local families.

Following the Government lockdown in March 2020 and the clear public message to 'stay at home, protect the NHS, save lives', NHS England issued the document 'NHS COVID-19 Prioritisation within Community Health Services Guidance'.

In line with this guidance, some of CYPIT's integrated therapy assistants were redeployed to acute frontline services to support the NHS response to the pandemic. However, no therapists were redeployed from Children and Young People's Integrated Therapies (CYPIT) or outside of Child and Adolescent Mental Health Services (CAMHS) and those staff remaining in the service continued to undertake contacts mainly by video link or phone, with only those requiring essential face to face contact (due to clinical or other risk factors) being seen at home or in clinics, in line with Government guidance. As a service we also identified that many families with young children were reluctant to come in for appointments or have health professionals visit them within their home for fear of transmitting the virus and that a virtual contact was their preferred means of interacting with our service.

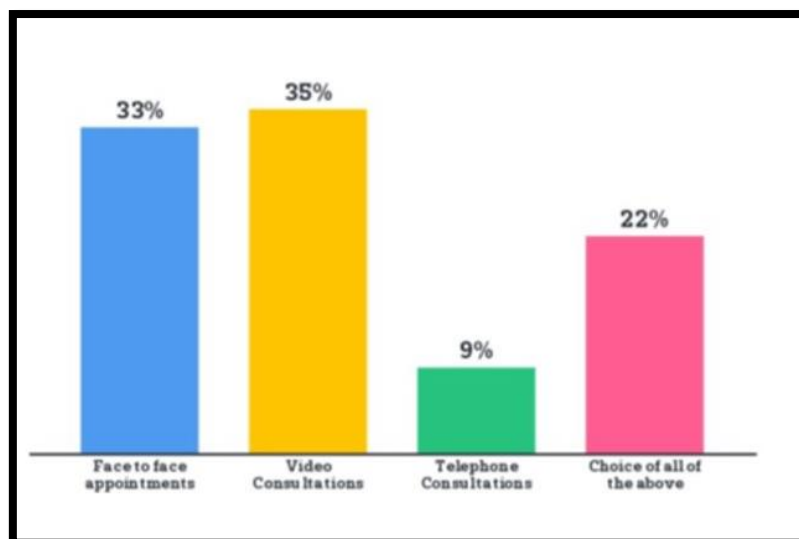
The services responded swiftly to be able to provide contacts, where appropriate, via an on-line platform. 'One Consultation' was already in place in some Trust services and was quickly rolled out across the Trust. Most appointments in the very early weeks were carried out by telephone whilst the on-line processes were being developed. Services all adapted quickly and seamlessly to ensure all booked appointments could be carried out by telephone or online and continued to book appointments throughout.



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We know that One Consultation has sometimes been problematic for some families and where this has been the case, Microsoft Teams has been offered as an alternative. Our IT department have continued to work on any identified issues throughout the pandemic so that we can offer the best possible experience to families. This means that, over time, families have experienced fewer issues. We note that relatively few families who completed the survey had experienced an online consultation although we know that this has been a regular method of service delivery for many of the CYPF services. All families who have received online appointments have been offered the opportunity to complete a survey to provide us with feedback on their experience. The most recent results indicate that many families appreciate the flexibility of having alternatives to face to face appointments available.



Which appointment methods would you like to access for your consultations?

The service appreciates that the pandemic has been an extremely difficult time for all, but particularly for parents of children with mental health difficulties and/or SEND, without the usual support from family, friends and other services, a reduction in face to face contact from clinicians/therapy staff, primary care services (GPs) and Health Visiting. CYPF has worked extremely hard to take all necessary steps to mitigate risks and the impact of Covid by:

- Continuing to run services throughout and ensuring that those children and young people who required face to face appointments were offered these (following a risk assessment) with every precaution taken to protect families and staff.
- CAMHS Rapid Response Team increased their hours of operation and also extended to provide cover on Sundays.

- The CAMHS Rapid Response Team were also able to offer community clinic assessments (ie not in A&E) for young people where there were urgent mental health concerns but no urgent medical attention required.
- CAMHS also extended to provide a CAMHS NHS 111 service which again helped to provide young people and their families with support without requiring them to attend A&E.
- CAMHS daily review of all high-risk young people and planning to ensure their needs could be met.
- Risk assessing all new referrals and children already known to services or due to be seen, to determine which children's needs could only be met face to face.
- Clinical contacts increased in duration to enable clinicians to provide effective support and respond to the increased challenges families were facing.
- Setting up a telephone advice line for CYPIT Early Years SLT, in lieu of the cancelled Drop-in clinics.
- Increasing the Care of People waiting service in the Autism and ADHD Teams to ensure a clinician is available to respond to new or increased concerns.
- Updating the website with information on how Covid-19 was affecting services with additional advice, support and resources for families.
- Increasing our social media profile with videos and blogs/vlogs to support families with issues or concerns that they may have.
- Ensuring that all schools had a named point of contact for CYPIT should they have any concerns about how best to support a child and meet their therapy needs during lockdown.
- Producing an advice and resources pack for schools, to support staff in working with children with SEND

All services have continued to receive referrals throughout the pandemic, including a high volume of EHCP assessment requests, and we have adapted to work differently to ensure that children and young people receive intervention, advice and support in the safest and most appropriate way.

All referrals continue to be sign posted to relevant advice about support and resources, including our on-line resource and the CYPIT Triage service, where families can access information which may support some self-management and also enables them to speak directly with clinicians for advice.

'One Consultation' which has been used to deliver video consultations to children and their families, has also been offered to school staff and will continue to be offered as part of the available service delivery where this is the best way to meet a child's needs.

During the period of lockdown when schools were closed, CYPIT worked within NHSE and DfE guidance in line with the Coronavirus Act and the resultant temporary changes to SEND legislation. Despite the challenges, we have continued to respond in a timely way to EHCP requests and to contribute to Tribunals. Therapists also maintained contact with school staff wherever possible and SENCOs were all clear who they could contact should they have any

concerns. All clinicians regularly undertook clinical risk assessments and RAG rated their caseloads to inform their clinical decision making about which children needed to be seen face to face. We had and continue to have a coordinated approach to acquiring and distributing Personal Protective Equipment (PPE) and all staff have received training in how to safely put on, wear, remove and dispose of PPE.

Staff clinical supervision, liaison and team meetings have been ongoing throughout the pandemic and take place virtually, with many staff reporting that they find colleagues even more accessible than previously.

Alongside its challenges, Covid19 has presented us with increased opportunities to work across our localities, across clinical professions and across different CYPF services to think differently. All learning is being carefully considered to see how it can help inform future service delivery. Many of the services have been able to quickly adopt new ways of working which may be helpful to continue to offer, particularly as some families have found this an easier way to access services.

During the pandemic, the teams have also been working on a range of initiatives, including the following:

- Developing up to date, properly branded SLT advice sheets to support the transition of children from the early years SLT service into schools.
- Creating a bank of weblinks and online resources with information for both parents and school staff. This is something we anticipate we will use more frequently in the future as Covid-19 teaches us to be more 'online'.
- Producing a leaflet about local OT services in response to service user feedback that having involvement from several different OT providers was confusing
- Worked with the RBH therapy team to jointly produce a document called 'Identifying needs and finding help' which has been uploaded to the Wokingham LA's website as part of the Local offer. This document provides links to the advice section of the BHFT online resource and gives information about making referrals to RBH and BHFT for therapy support.
- Investigating how we can use Teams to deliver training and offer online group support to school staff. This could enable us to work across multiple schools.
- Developing online CYPIT training sessions for schools to reduce inappropriate referrals and empower school staff to identify and meet speech, language and communication needs, sensory needs and physical development needs. This may include linking schools together through shared training opportunities.
- Developing online autism and ADHD assessments.

- Clinicians have taken time to retrain in administering modified assessments and innovative approaches used to ensure assessments and intervention can continue.
- Delivering clinical seminars to CAMHS clinicians to support with delivering assessments and therapy online.
- Website improved and updated.
- Reviewing the school questionnaires (used as part of an autism assessment) with input from educational staff to support the co-design of these.

All services have been busy planning for restoration of services from early on in the pandemic to ensure that as guidance changed to permit more face to face contacts, we were ready to implement this as soon as possible. All services have been increasing their face to face appointments and this continues. Now that schools have re-opened and the expectation is that providers fully deliver to what is in children's EHCPs, CYPIT staff have also returned to schools, undertaking face to face assessments wherever possible. In some cases (for example speech sound work), face to face work in a school, wearing a mask, will not be the most effective way to meet need, so an online offer remains and will be the most appropriate way to meet needs in some cases. We are also trialling the use of a Perspex screen in some of our clinics to enable those children for whom the wearing of a mask (by the clinician and/or student) would be detrimental to therapy, to receive direct intervention.

It was not possible during lockdown to offer the usual range of training, due to inconsistent availability of school staff and uncertainty around expectations and arrangements as a result of Covid. This meant that it was not possible to deliver 'live' face to face training. Psychological Perspectives in Education and Primary Care (PPEPcare - training to schools, GPs and other professionals in mental health and autism) moved online and a new ADHD module has also been piloted online. CYPIT are devising some online training packages with the aim of recording these to provide links on our website so that professionals can click a link to watch or play back training sessions.

As a result of this, the team were aware of the need to ensure that schools had all of the information and resources necessary to support children, whether they be attending school or receiving virtual support. The team therefore developed a School Support Resource pack which contains advice, information and resources for working with children and young people with SLCN. This was sent out via email and some of the email responses received from schools are below, showing that this was very well-received by education colleagues:

- *Thank you so much for this, it looks really helpful*
- *Thank you. This looks really useful. I've shared it with our EYFS team and our Y1 teacher as well.*
- *This looks fantastic with lots of advice and practical ideas. It will be good to print out specific pages to give to LSAs who are carrying out recommended SALT interventions in school (whenever we are able to resume these).*
- *What an amazing resource! What I have looked at so far is fabulous.*

- *Many thanks for the attachment it will be very useful.*
- *I love this information pack!!!*
- *Thank you for all this information- I shall send it out to all our staff. It's very comprehensive!*
- *This is a great document!*
- *Thank you for the information sheets. That is very helpful.*
- *Thank you for the advice sheets- I'm sure they'll be really useful!*

In addition to training for parents and school staff, clinicians have used the reduction in travel time to ensure that all staff internally have the necessary skills and training. We have welcomed a number of new staff to the teams since April and these staff have been offered online interactive training via Teams which many other staff attended as a refresher.

The areas covered have included:

- Makaton: for both mainstream and special schools therapy staff
- Dysphagia: to ensure that all SLTs working in special schools have the necessary knowledge to support young people with swallowing difficulties and to understand when to seek specialist support from the Dingley team.
- Augmentative and Alternative Communication (AAC): understanding the range of AAC and how to support a child who uses AAC

Before addressing some of the specific questions raised by the survey responses, we would like to acknowledge the following limitations of the data and information available:

- The survey covers the full lockdown period which was in place throughout the Easter holidays. We would not ordinarily have expected a high rate of contact during this period anyway as the school years CYPIT team are commissioned to provide the service into schools during term time. (some children would expect a home visit during school holidays dependent on clinical need)
- Survey cohort – for the parents who responded to this survey, we don't know the age of the child or which provider would ordinarily meet their needs (CYPIT/BHFT or RBFH)
- Without knowing the details of the respondents it's difficult to know what support the children would have been receiving ordinarily, in order to investigate what was provided and determine whether this is reasonable.

Responses to individual questions

Question 18: If your child or young person was receiving speech & language therapy before lock down are they still receiving support?

We note that of the 63 people who responded to this question, 38 stated that it was N/A. Therefore, of the 25 people who responded that they were receiving SLT support before

lockdown, 3 stated that they did and 22 did not. It is possible that these 22 children may have been school aged so may not have received face to face input during this period under usual circumstances. Much of our provision into schools involves liaison with school teachers, agreeing plans and being available to offer advice. This advice was on offer throughout lockdown, with all schools having a named therapist to contact for advice. The actions agreed in therapy plans are often (but not always) delivered by school staff. Wherever possible we maintained contact with teachers and SENCOs and therapy staff undertook regular meetings with school staff to ensure that children's needs were being met.

As stated in an earlier section, it would be interesting to know the age range of children whose parents were surveyed and what type of educational provision they should have been receiving.

Question 19: If your child or young person was on the waiting list for speech & language therapy before lock down have you received an update?

This question refers to SLT waiting times, but we do not know whether these children were awaiting an initial assessment or treatment and whether these children were pre-schoolers in the early years' service or school aged children. If children were on a CYPIT waiting list and RAG rated as 'high' following a clinical risk assessment, they would have been offered an appointment.

The Early Years SLT team spent a significant amount of the lockdown period contacting parents of children who had been waiting either for intervention or assessment or who were unable to attend a drop-in due to closures. As previously mentioned, in addition to this, an email advice line was set up in lieu of drop-in clinics.

Our data indicates the following activity was undertaken by the SLT team (predominantly via telephone and One Consultation):

- Early Years - 96 new contacts and 185 follow up contacts
- Addington – 94 contacts (mainly virtual)
- Mainstream schools – 94 contacts

There was no school aged activity during August, but this was expected as schools are closed during August under normal circumstances anyway and many therapy staff are on annual leave or not working.

Question 20: If your child or young person was receiving physiotherapy before lock down are they still receiving support?

It is not stated who the provider is for this physiotherapy and we acknowledge that the respondents may be a combination of parents of children accessing physio via RBH and via BHFT. Of the 14 respondents for whom this question was applicable, 3 said that they had continued to receive support and 11 had not. It is possible that some of these children would not have been due to be seen directly by a Physiotherapist during this period of time anyway

dependent on what provision was in place. Much of our work is done via school staff (as some parents have commented – we are a school-based service), but all children for whom face to face input was the only way to meet their clinical needs (e.g. children who had recently undergone surgery), were seen face to face at home or in a clinic setting.

CYPIT's activity data shows that we undertook 119 contacts during April to July.

Q21: If your child or young person is on the waiting list for physiotherapy before lock down have you received an update?

This question only applied to 9 children – 2 parents said they received an update and 7 said they had not. We do not know how many of these children are open to CYPIT rather than RBH and whether these children would ordinarily have been contacted with an update during this time period. CYPIT do not currently have a 'care of people waiting' service, so we would not typically contact parents to update on therapy waiting times, but we endeavour to respond in a timely way to any queries or contacts made with us by parents of children waiting. Since lockdown eased and schools re-opened, we have been working through our waiting list and now only have 4 children waiting for a physiotherapy assessment.

Question 22: If your child or young person was receiving occupational therapy before lock down are they still receiving support?

It is noted that some of the respondents stated that they have a private OT. It is therefore unclear whether some of the 20 respondents under OT are accessing this via CYPIT, RBH or a private provider. Only 20 responded to say that they were under OT and of these, 3 said that they had continued to receive support. Our data shows that OT undertook 93 contacts during April to July.

Question 23: If your child or young person was on the waiting list for occupational therapy before lock down have you received an update?

Of the 64 parents who responded to this question, the majority indicated it was not applicable. Of the 17 who were on the waiting list for OT, 3 stated that they had received an update and 14 did not. As stated above, CYPIT do not currently have a 'care of people waiting' service, so we would not typically contact parents to update on therapy waiting times, but we endeavour to respond in a timely way to any queries or contacts made with us by parents of children waiting.

In Wokingham, the number of children waiting more than 18 weeks for an OT assessment has reduced since the last quarter. The total number of children awaiting an OT assessment has gone down from 78 in Q4 (Jan- March 2020) to 30 at the end of Q1 (end June 2020). This

reduction in waiting times has been achieved despite an increase in referrals as well as EHCP requests and in the context of the Covid pandemic and school closures.

Clinicians report an ongoing increase in the complexity of cases that they are managing; both in terms of clinical complexity and in terms of the time required to support Tribunals or cases where parents have sought independent therapy advice to challenge the LAs' decision-making around the EHCP assessment process.

The West OT Team continue to be fully staffed but are being impacted by one staff member's maternity leave, and one further imminent maternity leave, for which the service are actively seeking cover. This is proving challenging due to the national shortage of OTs.

Question 24: If your child or young person was receiving services from CAMHS before lock-down are they still receiving support?

Of 20 families who indicated they were receiving services from CAMHS before lockdown, 9 indicated they were no longer receiving support and one family indicated that nothing was offered. We would like to confirm that all children and young people in treatment were offered a service, either by telephone, digital or face to face (if clinically essential). However, some families have chosen to defer their sessions until face to face appointments (where not clinically essential) are available. All young people open to the service (whether in treatment or waiting) have also had access as usual to the duty support clinician and the care of people waiting services in teams.

We noticed one family had concerns around transition and would like to clarify that the transition process includes a review of current needs and liaison with the adult services starting 6 months prior to transition. A CAMHS clinician attends the adult transition monthly meetings to facilitate the process. Prior to transition, risk is also reviewed, and care plans are updated. If any individual or their family had concerns, we would, as always, encourage them to make contact with the service to discuss these.

We also noted another family indicated they had experienced concerns regarding medication due to their consultant psychiatrist leaving. Recruitment of qualified professionals remains a national challenge although the service works hard to provide cover and mitigate the impact of this. During Covid-19 new protocols were set up to make sure prescribing continued although there were specific challenges where new medication or a change of medication might be needed as young people are required to have physical observations first to ensure safe prescribing (height/weight/blood pressure and pulse). Where possible we have supported families to take these measurements at home (including a video on our website which explains show to do this). However, there are some circumstances where children and young people need to attend for these and we now have a physical observation clinic in place for this. We also have a shared care protocol in place across Berkshire meaning that many families are able to obtain prescriptions from their GP.

Question 25: If your child or young person was on the waiting list for CAMHS before lock-down have you received an update?

During Covid-19 we have used the website to provide updates to families. We contacted those who were receiving treatment and those who had been booked or were due to be offered appointments. Regretfully we did not have enough staff capacity to allow us to contact everyone who was on the waiting list, unless they were due to be seen. We ensured that administrative staff were still available to respond to enquiries, although due to the high volume of calls received there can sometimes be a delay in responding.

Question 26: If any of your appointments for therapies have been online via "One Consultation" please let us know how this is working

Of the 5 parents who responded about One Consultation, 3 said that the online consultations work really well, 1 said they were not as good as face to face and 1 said that they don't work at all for their child.

CYPF continue to request and review feedback via the automated system at the end of each 'One Consultation' virtual appointment and we are working with Universal services within BHFT to devise a more specific shared feedback form which will enable us to capture more qualitative feedback. The Autism Assessment Team will also be introducing a short survey for young people having an autism assessment appointment online.

We would like to address some of the specific feedback comments that parents made for question 26:

- *I have to wait until Sept for school to put in for an EHCP because she hasn't had an Ed Psych assessment which I feel is delaying her getting the much needed support she needs when she returns.*

From a therapy perspective, a child does not need to have an EHCP in order to access therapy services. Parents should access CYPIT via the website or contact Triage for advice, support and information about how to make a referral. <https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-young-peoples-integrated-therapies-cypit/about-our-therapy-services-cypit/>

- *Physio - no video consultation so how can they discharge a child without examination to check joints problems. She is assuming it is muscle weakness etc.*

Discharge would, as always been based on the evidence and information available to them and on their own clinical experience (and this is the case for clinical appointments taking place face to face or via One Consultation). However, if parents have any concerns please encourage them to contact the service directly and a therapist will be happy to discuss this with them.

- *All therapies have stopped when my child has needed them most (although I understand why)*

Therapies have never ceased but have been delivered differently in line with National and clinical guidance. We would expect that parents and educational providers would be part of the conversation about how the child would be best supported, which should be reflected in plans, advice and strategies that are recommended. Progress should not be dependent on therapists' direct involvement as parents of children open to CYPIT have a named therapist they can contact re concerns about progress. Therapists can also be contacted via schools. Agreed outcomes for school-aged children open to CYPIT are often best-met via class-based strategies or through activities undertaken at school by school staff as advised by clinicians. We wouldn't expect this to be any different during lockdown.

We hope that this information is helpful. CYPF work hard to think flexibly about how best to meet the needs of children young, people and families and to ensure that clinical risk is safely managed and lines of communication kept open, particularly in these unusual times. We are grateful for all feedback which will enable us to provide a more effective service. Please do not hesitate to contact us should you wish to discuss anything further.

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