

Question Time, 0-25 SEND Strategy Update & SEND Voices Wokingham AGM, 10th March 20210

The panel:

Carol Cammiss – WBC Director Children’s Services

Sal Thirlway - WBC Assistant Director Children's Services & Chair of SEND Implementation Board

Sally Murray- Head of Children's Commissioning & Designated Clinical Officer for Special Educational Needs and Disabilities (0-25), NHS Berkshire West CCG

Karen Cridland - Director Children, Young People & Family Services (CYPF) Berkshire Healthcare NHS Foundation Trust

Kelli Scott - Service Manager, Children with Disabilities & Early Help, WBC

Matthew Booth - (Consultant) 0-25 SEND Strategy, Improvement and Innovation

Dan Robinson - (Consultant) SEND Operational Lead, Improvement and Innovation

Key to question responses

Wokingham Borough Council responses

Health – CCG & BHFT responses

SEND Voices Wokingham responses

Questions from Parents

SEND Team

Why are EP reports generally so vague, lack specificity or not quantified, where they use words like opportunities for, access to, up to x minutes or may require. These statements are very open to interpretation and are ambiguous often denying the child or young person the support needed to access a full curriculum. Reports should be quantified, for example, in terms of the type, hours and frequency of support and level of expertise (Paragraph 9.69 of the Code). How can this be improved and ensure that EP’s are filling their remit to ensure the correct level of specificity and quantification?

The advice is based on a balance of direct interventions often which taking place outside of the classroom and reducing the time in class working with classmates and the with the class teacher. However, the evidence base for different times for some interventions is scant, it is essential to note that there is a degree of face validity around time e.g., 25 mins vs 35 mins of an intervention with very little research to support this.

“Opportunities” applies to generalisation of skills and being applied to real life experience. As such it is difficult to be specific in all cases because we want to balance the young person’s school experience and the interventions offered in the context of their daily timetable and access to the curriculum.

We are not writing the advice for a specific setting; we are writing based on the needs we have identified from within our area of expertise (not therapies as this is out of our expertise) what is

important is the outcome and monitoring of the outcome and therefore the effectiveness of the provision.

The EPS are working on the specificity in EP reports and have legal training booked (May)

Why is it still considered by the LA that independent reports are not as valid as those carried out by the NHS (CYPIT) or LA themselves. When a plan is written these are to be omitted and written a child should be referred to CYPIT for assessment despite having a perfectly valid report, where they are still bound by the same regulatory body. If a case ended up at tribunal, independent reports would be accepted. For example, direct input from a SLT or OT is then not included within the provision so the child does not get the correct level of input.

The LA needs to be mindful of professionals who recommend provision as it is the LA that will be commissioning any subsequent provision. Whilst this is not to invalidate independent reports, the LA does need to clarify with NHS colleagues that the provision is appropriate, necessary and cost-effective means of meeting the child's needs.

At tribunal the tribunal decide on which analysis of need and the provision required to meet those needs.

Why does the LA seem to continue to write plans with provision within it that are not quantified or specific? This means that children are left without the correct level of support and schools are unable to meet the needs of children due to lack of funding or trained staff.

The SEND Innovation & Improvement programme will be looking at all aspects of improving the quality of EHCP's and ensuring that schools are held accountable for providing the provision that is written in plans. This also includes a focus on training for all people working with children with SEND.

As part of this programme, there is ongoing improvement work with SEND officers to ensure they are appropriately trained. SEND officers role is to coordinate the EHCNA and construct the EHCP using the evidence that has been supplied. EHCPs in line with the Code of Practise should be SMART and officers are encouraged to ensure that outcomes in EHCPs are quantified and specific however the officers work with the evidence provide

Why do you think there has been an increase of children needing ehcp's? Could this be related to overall funding in schools and not having the flexibility to allocate budget to the areas of needed rather than the delegated areas?

There are a number of factors influencing the increase in EHCP's which include:

Population increase – families moving into area

Growing needs of children – local and national. Needs are multifaceted.

Misconceptions that EHCP's are a means to access specific school places rather than a plan to meet children's needs.

Misconceptions that EHCP's are a means to access resources equivalent to what should be 'ordinarily available'. (Work ongoing to refresh the Ordinarily Available arrangements in Wokingham).

Often children with special educational needs have interventions implemented by teaching assistant who do not have the expertise or qualification for the level of complexities that many children have. This often leads to poorer outcomes for vulnerable learners. If provision is properly quantified and specified then children should be receiving provision by specialist staff who can plan, implement, and review interventions accordingly. How will the LA ensure that children receive input from specialist staff.

Planning for every child is the responsibility of their teacher with the support of the SENCO, (not necessarily qualified as the only teacher that has to be qualified is the SENCo).

Many interventions are planned with appropriate qualified professionals with the teacher and implemented by least qualified professional as much of the impact of intervention is based on repetition. School staff are trained professionals and there is no reason why effectively supported TA's cannot deliver quality provision.

Staff in specialist settings or resource bases are all experienced and knowledgeable in teaching and supporting the needs that is their area of specialism.

Following a stage 2 complaint in 2019 the investigating officer along with the LA's own adjudicating officer upheld 4 complaints by a parent regarding the EHC plan annual review process.

In a letter the LA confirmed that they were keen to learn from their mistakes and to make sure that such mistakes were not repeated.

The complaint highlighted a number of areas for improvement and work was underway to put things right.

Sadly, in my case and many others I see no evidence of improvement and the same issues are ongoing. For 3 years the response has always been issues with staffing levels.

1. Why are parents not notified when the case officer leaves the authority mid-way through a case and who has replaced them?

We do recognise this as a particular issue that needs to be resolved. We will be introducing a clear process to be followed in respect of staff exiting the service that takes account of informing families that they have been working with. Our starter processes will also include ensuring that case officers introduce themselves to families when they start with the team.

2. Why does it take 3 months or longer after the annual review to issue the letter stating the LA's intention to either cease maintain or amend the EHC plan? Also if they decide to amend why are they still not issuing this letter in a timely manner along with reports and evidence for this?

Why are you not meeting the EHCP annual review guidelines?

We acknowledge that there have been issues with the Annual Review Process and are updating the process to ensure that all reviews happen and conclude within statutory timeframes, including the issuing of the LA's letter. This will be the case for all reviews from September 2019 to July 2020. We have a dedicated officer working on the Annual Reviews that need to be processed. Officers are focusing on processing annual reviews that have come in over summer term (2019-2020) and autumn term (2020 – 2021)

As above

3. What up to date training does the send team have regarding writing of EHC plans and working within the send code of practice guidelines?

There is a training program that is available for permanent staff. It is expected that interim staff have relevant knowledge and experience of SEND and are given in house training on process/procedures. There is ongoing training available regionally and nationally that SEND officer can take part in. e.g. IPSEA.

4. What percentage of parents win their case against the LA at tribunal regarding the content and how it's written in the EHC plan.

Unfortunately we are unable to provide this without going into each case.

5. Is there a full-time complaints manager and are the children's services complaints emails checked daily?

WBC does have a full time Corporate Complaints Officer and a new process for ensuring the effective management of complaints will be in place from 1st April 2021.

Is there a plan to build an SEN team of permanent employees (including a team manager) and, if so, what are the timescales? The CWD team had the same issues a few years ago until a permanent team was recruited.

A new permanent SEND Team Manager has been appointed and will be joining in 3 months, until then an interim team manager will be in post. There are also plans to recruit permanent case officers. Current interim case officers have also had their contracts extended to reduce the amount of change in the team and build stability.

We will shortly be commencing permanent recruitment to the SEND team, but will be undertaking this as phased recruitment to minimise disruption.

How are the local authority going to replace the Oaks provision at St Crispins?

Wokingham Borough Council is currently undertaking a procurement exercise to develop a new resource base for secondary aged pupils with Autistic Spectrum Condition. All of Wokingham's existing secondary schools currently have the opportunity to submit a proposal to develop the resource base to meet the needs of Wokingham's children and young people for whom this type of provision is deemed appropriate. When full, the resource base at the school will support 25

young people in this provision with the first group of children due to be admitted in September 2021.

Proposals must be submitted by 21st March. An evaluation panel consisting of commissioners, senior members of staff and a representative from SEND Voices will then evaluate all of the proposals submitted with a decision on the successful school due to be made towards the end of April.

Once the school has been identified, we will be working with the school to agree how the new provision will operate and to make arrangements for parents/carers and the children to visit the school and engage in discussion about how best each child's specific needs will be met.

How is the new Northern House going to prevent making the same mistakes?

We are working closely with Chiltern Way Academy Trust who were chosen by the DfE to take on the management and operations as a new provider at the school.

Chiltern Way have developed an improvement plan which includes a review of the physical estate, behaviour plans, staff management and development and a clearer designation of the type of needs that the school can support will support improvement.

We are confident that the improvement we have seen at Chiltern Way since they took on the school at the end of last year will be sustained and continued.

What is the update on the new school being built for SEN in Winnersh?

The provision of a new SEND school is a joint project between the Department for Education, Wokingham Borough Council, Reading Borough Council, Brighter Futures for Children and the Maiden Erlegh Trust.

The school will be a special free school, for 150 pupils (all ages), designated for children with autism (ASD) and Social Emotional and Mental Health (SEMH) difficulties. The primary focus will be on higher achieving/more complex needs children (so not duplicating Addington with its Learning Disability focus or Chiltern Way Academy with its ASD plus challenging behaviour focus).

Provision of a new SEND school is intended to meet the increasing needs to children and young people with EHCPS, within both Wokingham and Reading boroughs. It will also provide more local provision, reducing the negative impact on children attending out of borough provision.

The Maiden Erlegh Trust has been appointed by the DfE to run the school. The Oak Tree School is the working name that the Maiden Erlegh Trust have given to the school.

Design work on the site and SEND School is progressing in conjunction with the Department for Education and other partners and a planning application is expected to be submitted in May 2021. Subject to planning consent, construction on the school will start in September 2021, with the school planned for opening in 2022.

Wokingham Borough Council and Brighter Futures for Children are working on an agreement with the school about how the allocations to the school will be made and how parents will be engaged in discussions about the new provision.

SEND Team - How many more years will we listen to it being a problem they know about and they are recruiting new staff, but the new staff never seem to stay. That clearly indicates a problem within that team, different line managers and/or with the workload - who is taking responsibility to ensure we can listen to a different story this time next year for a change?

Please see above.

Additional Questions/Issues raised on the night:

- Why don't SEN have separate teams for requests, assessments and annual reviews, each team with enough permanent staff to cover the workload and meet the legal timeframes?

This is under review in line with our move to recruit to a permanent team.

- So why have responses to formal complaints (to SEND) not reflect this change of heart/assurance

There have been marked improvements overall although it is noted there is a long way to go. The service have been active in implementing change and taking on board feedback to improve the customer experience. Officers have been actively encouraged to keep lines of communication open and build strong positive relationships with parents.

- Can't you make interims perm.

Being an interim is the decision of the individual officer, not necessarily the LA. Whilst the LA cannot 'make' interims perm, we will seek to encourage current interims to move to permanent contracts as part of the recruitment process.

- Yes would love our new case officer to be permanent, I'm always nervous about interim!

As part of the SEND Innovation & Improvement Plan there is a programme of recruitment to build a SEND Team with a higher proportion of permanent staff. This is starting with the appointment of a SEND Team Manager.

- And I'm sure for the officer's too, you would have so much more commitment as a permanent employee and build the r'ships with the families

See above

- Does anyone know what the monthly meetings are for all the SENCOs within WBC? previous SENCO mentioned it to me but it is NOT compulsory to attend.....WHY?! It should be!

Whilst we do seek to coordinate continued engagement of SENCo's the monthly SENCo meetings are not something organized by the local authority.

- They (SENCOS) don't attend monthly meetings in my experience. Part time teaching sencos don't have the time

SENCOs are employed by schools not the local authority as such their time is directed by the head teacher or Principal of the school.

- but they're (SENCO meetings) are not compulsory to attend which is the prob!!!

See above

- There are no level 3 qualified TAs in Wokingham we were told when we tried to write in our EHCPs. Unskilled TAs are the norm.

TAs are recruited by the setting, therefore it is the school that creates the Job Description to fulfill a role the school requires Please also see previous response

- When will schools be told they will be held to account because they are still flaunting their responsibilities?

The local authority can influence practice in schools and refer to legislation and support parents to challenge practice. The local authority has very limited power of enforcement, and no enforcement powers in respect of Academy or Free School provision.

-maybe until they can no longer blame covid! Although something else will be to blame or at fault
- Why are private OT reports not good enough and CYPIT need to re-assess and don't respond when asked why?
- Staying in mainstream isn't always the right thing, a school can be amazingly inclusive but a child needs a different environment. We really need to look at providing different provisions that suits a variety of needs rather than just keep in mainstream.

Sufficiency of provision including a range of provision is part of the work to develop from the SEND strategy and Written Statement of Action.

There is currently a tender out for a new Resource provision at secondary level and a new free school for children with SEND.

- I do hope that things improve with regards to tribunals that parents should never have been put through, fingers crossed! The amount of fighting parents have to do is outrageous and had huge affects on whole families and delaying what was always clearly necessary

A bi-weekly drop-in session for parent and carers will be developed to share more information about the SEND Innovation & Improvement programme and what the current progress is.

Parents will also be able to share areas where improvements are still required at these meetings. Dates of these sessions will follow shortly.

Carol Cammiss has offered to give an update in 6months (September 2021) to parents on the progress being made by the SEND Innovation & Improvement Team.

Health

Why are so many children and young people with a diagnosis of ASD being denied mental health support and being told that CAMHs are not commissioned to work with neuro diverse children or that their mental health difficulties are part of an ASD diagnosis.? If mental health issues were part of an ASD diagnosis, then it would be part of the diagnostic criteria. This leaves many children vulnerable and without sufficient support leading to poor outcomes in future life.

Autism is not a mental health condition although we know there are high rates of co-occurring mental health conditions. There should never be an assumption that mental health difficulties are simply to be expected as part of an autism diagnosis however, where there is an identifiable mental health condition, the appropriate intervention should be provided by the getting help or getting more help services. Therefore, we would like to offer reassurance that a diagnosis of autism is not a barrier to accessing appropriate support for mental health in CAMHS. The Anxiety and Depression Pathway do see children/young people with autism however, in order to access the Anxiety and Depression Pathway, the child/young person's difficulties must meet the criteria for an anxiety disorder and/or depression and they must be willing and able to engage in and benefit from a talking therapy (Cognitive Behaviour Therapy).

Children/young people (with or without autism) who present with mental health concerns where there is significant complexity or significant clinical risk will be seen by Specialist CAMHS rather than by the Anxiety and Depression Pathway.

Berkshire Healthcare have recently completed further training (3 clinical effectiveness seminars for all CAMHS staff), including one co-delivered by an expert by experience, on adapting interventions for children and young people with autism.

There may of course be concerns although there is not an identifiable mental health condition and the CCG have recommissioned the support service for children, young people and families to ensure that a range of support is available.

Autism Berkshire is commissioned by the CCG to work in partnership with Parenting Special Children to provide advice, workshops and courses for children and young people aged 0 to 25 who are autistic or have ADHD – or are waiting for assessment – and their families. A wide range of courses, workshops, webinars and tailored support is provided. This includes workshops on managing anxiety and anger, sleep difficulties and emotional regulation. More information can be found here:

<https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/>

Services including assessments are available for children who have a dual diagnosis of ASD and/or ADHD and a mental health condition.

For those who do not have a dual diagnosis Autism Berkshire and Parenting Special Children are commissioned by the NHS to provide a pre and post diagnosis support and information service, which includes support for mental health such as anxiety.

Additional questions/issues raised on the night:

- Where is this 'elsewhere' that our autistic young people find support?

<https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/>

There is also school based emotional health and wellbeing services such as PCAMHS and the Mental Health Support Teams in Schools.

- CAMHS in 2019 did not offer my child modified help for ADC for his suicidal thoughts. They tried very basic CBT.

Crisis mental health support is provided by Specialist CAMHS duty clinicians or by the Rapid Response Team. However, there are also instances where a child may present in crisis where this is not due to a mental health condition. The NHS has a focus on reducing admissions to hospital for people, with autism and or a learning disability as part of the current Long Term Plan. The CCG has just secured additional funding to support this cohort and we are currently working with partners to coproduce a local service model. We expect this to be implemented from the Autumn.

· CMHT has no pathway for people (18+) with ASC (and their non ASC support is n

- I have found a hospital admission has been the only route to any help
- CMHT has no pathway for people (18+) with ASC (and their non ASC support is not great)
- The problem is they work in silos - in complex cases where a child has ASD & ADHD, anxiety etc you are on different pathways and don't see child holistically. The integration is just not there!!
- Even after crisis there is no support!! Coming from a parent who, 2 years later, is still fighting/looking for suitable therapy/support that specialist CAMHS cannot provide, nor A&D pathway. ASD, PDA, ADHD & anxious child not suitable for CBT, apparently, and no other alternative available - meaning NO support!!
- If the generic CAMHS services had a better understanding of ASD or there was a MH service for autistic young people you would have a significantly reduced rate of hospitalisation. Generic CAMHS services simply do not have a good enough understanding of the complex interplay of difficulties that young people with autism are dealing with

Berkshire Healthcare have recently completed further training (3 clinical effectiveness seminars for all CAMHS staff), including one co-delivered by an expert by experience, on adapting interventions for children and young people with autism

- But how do you access???

Berkshire Healthcare provide specialist mental health services to children and young people and for those CYP there is an open access system. It maybe that the appropriate service for that YP is not provided by Berkshire Healthcare and if that is the case we will endeavor to signpost to a more appropriate service depending on the child or young person's needs they will be signposted to appropriate services

- but doesn't anxiety (and depression) come under MH as an illness? Which goes hand in hand with ASD/ADHD!!

The Anxiety and Depression Pathway do see children/young people with autism however, in order to access the Anxiety and Depression Pathway, the child/young person's difficulties must meet the criteria for an anxiety disorder and/or depression and they must be willing and able to engage in and benefit from a talking therapy (Cognitive Behaviour Therapy).

- The additional level of support for complex kids feels very 'top down' - what I have wanted is the therapeutic and psychiatric help
- A LOT of concerns raised over this issue and parents would welcome a focused session on CAMHS/PCAMHS

Focused session to be set up with CAMHS, BHFT and WBC Children's Services to follow-up on issues raised. Date to be confirmed for summer term.

Why are many children and young people not supported earlier for mental health difficulties and left till they reach crisis point and need more intensive and costly support. What will be done to address the growing numbers of children with mental health difficulties?

Wokingham BC have been reviewing the emotional well being services they commission and provide to ensure a borough wide comprehensive service to children and young people. These services include PCAMHS which is commissioned from Berkshire Healthcare and the new Mental Health Support Teams (MHST) which the NHS has commissioned Wokingham BC to provide following the successful roll out of a similar model in Reading and West Berkshire

Additional questions/comments raised on the night:

- If all this support and processes and referrals are available to us then why are we all struggling, feeling alone and unable to access the services our children need?

Why can CMHT not provide any further help after talking therapies for people on the spectrum? (They have no pathway)

The CMHT will provide a service to YP over the age of 18 and adults with autism where there is evidence of a dual diagnosis of a severe and enduring mental illness.

There is a transition service from CAMHS to CMHT A psychologist and Team Lead meet with CAMHS to monitor the transitions to CMHT. Cases are mapped and decisions made regarding onward referral. This includes people with autism. The CMHT will take transitions where there is evidence of a dual diagnosis of a severe and enduring mental illness and autism. The CMHT offer all services to meet the need including funded placements.

Additional questions/comments raised on the night:

- No transition, it's just a referral to talking therapies, And they sign them off. How is a mental illness diagnosed, Talking Therapies don't diagnose?

- If there was an effective Early Years Intervention for ASD and A|DHD, we would not be looking at such crisis levels when they reach teen years and beyond!!!

Partners have developed and are rolling out a Graduated Response tool for Schools and Early Years settings which gives information on how to identified needs and provide support as early as possible before needs escalate. This includes information on needs associated with autism and ADHD.

- A social interaction group is not answer for suicidal thoughts
- There is a disconnect between what's available in NHS e.g. CMHT and what's available in reality. If you cannot access it. It does not exist. GPs don't know this exists and how to access.
-

What is being done to address the horrific waiting times for the ASD and ADHD pathways?

This is a country wide problem of demand outstripping supply which is reflected in the NHS Long Term Plan. <https://www.longtermplan.nhs.uk/areas-of-work/learning-disability-autism/>

Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services. This will be a step towards achieving timely diagnostic assessments in line with best practice guidelines. It is hoped that additional resources will be made available nationally.

Following a Quality Improvement review, BHFT has already made changes to the pathway for children and young people. The likely impact of these actions is that waiting times will continue to increase but not as quickly as previously.

A trial of online autism assessments for children has been successful- this offers greater flexibility and allows staff to be based outside the area, which may improve recruitment. There is an opportunity to increase capacity to carry out autism assessments using an online provider which could help to reduce the backlog. However online assessments are not suitable for all children and young people.

BHFT have worked with the CCG to remodel the workforce based on current and future demand. A business case has been developed and funding is being sought. The investment required is considerable. BHFT already offer joint ASD and ADHD assessment for those children and young people where comorbid conditions are suspected. The impact is to prevent the child from being added to a second long waiting list after going through 1 pathway.

In this area we are working hard to ensure that support is needs led rather than diagnosis led. There is no treatment for autism as it is a neurodiverse condition, but there are strategies that can help and these are already being promoted through the Graduated Response, the BHFT website and via the Autism Berkshire service, which does not require a diagnosis to access.

<https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service>

Additional questions/comments raised on the night:

- But why do NHS professionals minimise the needs when they assess. talking of experience. System maybe " needs led" but if the needs are airbrushed, not good!!!
- Why is it that a child can't be even referred to CAMHS ADHD pathway until their 6th birthday when the waiting lists are so bad?!
- please could CAMHS clarify their position on private diagnosis to support reduction of wait times/wait list. Parents who get private diagnosis are confused as to why they need the NHS to

verify their diagnosis (to access school support?) and whether the private diagnosis will be accepted and how best to achieve this because no one wants to wait or add to a list of work or make other families wait if they can avoid it. When I did this it took several calls and persistence to get the minimum criteria that the NHS look for in reports/diagnosis and the qualifications required of those who diagnose. Parents need this information to support the health system and their children

WBC

Changes to PCAMHS - There are over 60 schools in Wokingham! Which 12 schools have been chosen? What happens to all the other children from the other schools who would have had access to PCAMHS but now will get nothing? What about CYP educated out of the Borough?

We are currently a part of a national trailblazer pilot scheme comprising of school based Mental Health Support Teams for 12 selected local pilot schools. Funding for the MHST is in addition to the funding for other local EHWP services and has been made possible as a result of Wokingham submitting a successful funding bid to NHS England. Each team is expected to cover a population of around 8,000 children.

The schools selected met the criteria set by the DfE and NHS England

Ofsted rating Good or Outstanding

High numbers of children with EHC Plans where the primary need SEMH or ASD.

High numbers of children identified in (the most recent census in 2019) at SEN Support whose needs are identified as SEMH or ASD.

Numbers of children as having had Free schools meals.

Numbers of children identified as LAC.

In respect of children not attending these 12 schools:

- Wokingham Borough Council currently commissions BHFT to provide a therapeutic and assessment service that responds to the psychological and emotional needs of children and young people with mild to moderate mental health needs across Wokingham. Currently these services are delivered under the PCAMHS contract.
- Wokingham Borough Council and NHS Berkshire West CCG intend to continue to commission BHFT to deliver these services, together with other elements of a redesigned local Emotional Health and Wellbeing (EHWB) support under one agreement, which aims to deliver an improved service for our children, young people and their families.
- Under the local model, BHFT will continue to provide assessment and intervention to children and young people and their families with mild to moderate mental health needs on a Borough wide basis.
- Services will also continue to respond to Children and Young People's' needs at the earliest possible opportunity using evidence based interventions, along with information, advice, guidance (IAG), signposting and a robust self-help offer. Specifically this will include:

- ✓ Evidence based direct support and stepped care interventions to children and young people who present with mild to moderate mental health needs (as currently provided under PCAMHS arrangements)
- ✓ Evidence based training on a rolling basis to educational settings, other professional groups and parent/carer groups. Professional consultation and a named contact for Schools and Primary Care Networks
- ✓ Access to evidence based self- help information

Any school will be able to access training, support and professional consultation regardless of funding and management.

How has the new PCHAMS service been coproduced with families?

Membership of the Wokingham Emotional Wellbeing and MHST Task and Finish Group includes a parent representative.

We have drawn on MHST consultation with parents to elicit feedback as the information was an extension on how people access referrals and access and receive information.

Phase 1 of the review of EWB offer involved analysis of consultation and engagement feedback that had been gathered as part of early model development, including with young people and schools. As part of this consultation sessions were held with:

- ✓ CAMHS Service User Group
- ✓ Children in Care Council
- ✓ Children, Young People and their Families (Please note SEND VOICES Wokingham were **NOT** asked to be involved in any part of this initial analysis or consultation)
- ✓ Schools

Responses were used to design in features of the new model, people were asked to comment on the introduction of a single front door for the service, and there was general support for that part of the model.

Planned opportunities to undertake further co-production activities with parents and children and young people during phase 2 of the project were impacted by COVID, particularly as a consequence of school closures and social distancing. Additionally T&F group members are asked at every meeting if they have any ideas on opportunities to undertake further co-production work with parents and children and young people.

Additional questions/comments raised on the night:

- I would love to know more about PCAMHS and whether it is ok to refuse CAMHS help unless they take ADHD meds first? Child in crisis on CP and won't get anxiety support because refusal of meds yet it's the anxiety (PDA) driving this refusal. Who can I contact about discussing this more?

PCAMHS offer support to children and young people with mild to moderate mental health needs, the practitioners come from a variety of mental health backgrounds and typically carry out short term interventions.

CAMHS services are commissioned to provide a variety of assessment and intervention pathways staffed with a range of mental health professionals include clinical psychologists and psychiatrists.

Typically they assess and meet the needs of moderate to severe mental health needs.

Access to the services above

<https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-adolescent-mental-health-services-camhs/>

- Schools don't understand MH in WOKINGHAM

All schools have been offered the following:

Well-being Education Return

An evidence-based training programme that has been offered nationally and delivered locally by the School Improvement team and the EPS. The training was devised by the Anna Freud Center and MIND Ed and includes a wide range of resources.

The **main aims** for the sessions are:

- To help your education setting use psychological education to better manage the impact of coronavirus.
- To enhance wellbeing for all through social scaffolding.
- To help young minds continue to learn and grow and support education staff and families in the process.
- To support schools to come to terms with loss, bereavement, anxiety, stress and trauma.

The sessions:

- Introduction to Wellbeing for Education Return
- Social scaffolding and bereavement
- Bereavement and loss
- Anxiety
- Stress and trauma

This training is being offered again in the Summer Term

All secondary school pupils in Wokingham can access Kooth a 24 hour on-line counselling and support service

All school SENCOs have been offered attendance at an emotional health and well-being group surgery run by the EPS and offered termly. The topics introduced by the EPS were Anxiety and Emotion Based School Avoidance.

- Pcamhs being transferred out of Camhs to the LA and what that will look like, and why will it only be provided to specific schools?

Please see previous response

Wokingham BC are continuing to commission Berkshire Healthcare to provide PCAMHS and this is a borough wide service. MHST is a new team and within the initial funding gained this is being offered to 8 schools

- What are the therapies available on PCAMHS, children thrown off anxiety & depression pathway if ASD/ADHD, nothing (even private) available for them? No support can be found (Parent to make contact with Karen Cridland Direct about this issue)

Social Care

Short Breaks, hopefully these will start again once the Covid restrictions are lifted, but even before I couldn't find anything suitable for my son. What is being done to make sure there are short breaks suitable for us, when we have been assessed as having the need for a Short Break?

Although there are a range of short breaks available across Wokingham, we recognise there are some gaps in provision. This has been highlighted by the Short Breaks Steering Group and work to review the offer will be included in the SEND Needs review/Gap Analysis that the SEND Innovation & Improvement Group will be progressing; this starts on 1st April 2021. This work will include the current providers of short breaks in Wokingham.

Additional Questions raised on the night

- There are no suitable short breaks for children with SEMH. As they are seen as children with behavioral difficulties not a disability!!
- Nothing for SEMH been telling David Green this for years!

Where SEMH needs arise as the result of a disability and the need cannot be met through (supported) access to mainstream provisions, we recognise there are challenges in the identification of suitable short breaks provisions. The SEND Sufficiency project will be considering this, as previously noted.

Why is the Bridges provision only open to a certain criteria of child, when there are many other families in critical need of respite, who are excluded from this because their children don't tick the right diagnostic box?

The CWD Team assess the needs of the child/family and offer a range of services from universal through to highly supported services such as Bridges. The service will match children and families to the appropriate level/type of support, in line with the assessed need.

Additional Questions/issues raised on the night

- but bridges don't cater for children with complex needs if they're SEMH!
- An overnight break could literally be the difference between life and death for some families! If only there was something like Bridges for complex SEMH children
- My young person has many diagnosis' neuro & physical but as she has SEMH it's a big fat NO to everything!!
- if it's provided to people in the most critical need, why is there diagnostic criteria that excludes so many?
- So it's in the strategy? this was all talked about 2 years ago!
- it is infuriating!
- In terms of early help/ children with disabilities team some children are often passed from team to team as they don't quite fit any box and therefore do not get any support as no one can work out where they fit

Please see the comment regarding SEMH needs above.

It is essential that children with disabilities are able to access the right level of support, at the right time, from the right people. Support should be both proportionate to the presenting need and respect the right to a private family life. The CWD Services work to this principle and viewed as a whole, the service offer is designed to support children and their families across the continuum of needs that may be experienced throughout childhood and adolescence.

Please see our CWD Continuum of Need Document for further details:

<https://www.wokingham.gov.uk/local-offer-for-0-25-year-olds-with-additional-needs/children-under-5/assessments-for-children-with-a-disability/>

- I completely agree, complex needs can mean anything though. Complex physical needs? complex mental health needs? complex emotional needs?
- I think they need to say Complex physical needs if that's what they are there for as the word 'Complex' can be a huge variety of things

In the context of CWD service provision, what we mean by the term “complex needs” can be found in the CWD Continuum of Need Document. See link above.

The written statement of action refers to Preparation for Adulthood Pathway document and guidance, due to be produced by November 2019, yet I cannot find any reference to this on the local offer. Was it produced? If so where is it? And can you explain what has changed for young people going through transition as a result of your focussed work on this in the past 18 months.

Regarding the changes for the young people over the last 18 months we are now supporting from 14 years and up, at Education Health and Care Plan meetings where young people have been referred to us. This is helping to identify transition needs and to address issues early and sign post and work together in seeking to meet needs. We are working with local schools and teams to identify young people who would benefit from transition support and also sign post to suitable services where this is required. We have been building links with other voluntary organisations and health etc in order to share resources and support plans to adulthood around

transition. We have also been working closely with housing on supported living options in the borough to provide support for young people.

The policy mentioned above has been produced and shared on the local offer, with teams and voluntary groups, as well as on the council intranet. It has also been sent out in the SEND Spring update

The document is also on the Transition team directory listing: <https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=N40HJDcNA50>

And the Children with Disabilities Team directory listing: <https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=f0vqFrALLRs>

The Transitions Team have said they would be happy to come and talk to Parents about Transitions. Addington School are running a Transitions Event and Parenting Special Children are also planning a workshop to support this.

Additional questions/issues raised on the night

- Transition into adulthood services are at an infant stage. Son is "experiencing" the current process. there are many factors to take into account such as appropriate housing, appropriate pathway into work, independent life etc...
- Having been through transition twice already I would totally agree with Stephen!! Pushed off a cliff!
- What happens to post 18 regarding support for finding a career/ voluntary work/training/apprenticeships for SEN? Acceptance is key and everyone SEN or not suffer without a sense of purpose. Does this mean only those children who have an education need pre-18 years qualify for any support post 18?
- Parents agreed they would like to have a Transitions event/ more information available, to include things like housing
- God help us when we get to 18, getting little help now!

Why in a strategy that goes to the age of 25 does most/all of the services stop offering help at 18 ? Post 18 only the most severe disabilities are helped?

- ASSIST ends at 18

Young people will be eligible for an Assessment (Care Act 2014 assessment). There are differences in the legislation and as a result the level of support offered to children under 18 and adults 18 years+

SEND Strategy

Why in a strategy that goes to the age of 25 does most/all of the services stop offering help at 18 ? Post 18 only the most severe disabilities are helped?

Unfortunately the legislative basis for the provision of services changes as young people reach 18.

Additional questions/issues raised on the night

- There is no specialist provision for "high functioning" ASD kids in Woky (eg for those unable to attend a resource base but able to do GCSEs)
- But the ones at the heart of this - the children and young people are the ones that are impacted and for some it means that they are not getting the right support when needed.
- But often we need a move out of mainstream and there is not the provision.
- Just hope we're not re-inventing the wheel here because it all sounds common sense, and it has a sense of déjà vu
- We don't need innovation, just the basic addressing of needs to start with
- In the last 18 months nothing has really changed communication is still poor, consistency is still lacking, time frames not being met, process not being followed. Everyone talks about the commitment and wanting the best for children and young people but many parents just don't see this happening
- forgive me for having little faith, but we have heard all of this for the last 3/4 years!
- We would love to be kept updated on the next 18 months big plan. Send us the updates via SEND Voices.
- Can the Council not go beyond the legislation in their strategy?
- Disappointed that there was no focus on support for Parent Carers in the strategy

Education, Health and Social Care:

Why is there still the lack of a 'joined up approach' between education, health, and care professionals- where each one will work within their remit yet not work collaboratively with each other meaning the needs of children and young people are not being sufficiently met. For example, CAMHS will add recommendations yet these will be ignored by education even though the health provision will educate the child and allow access to education

The roll out of the Ordinarily Available & Graduated response will make clear to all what help and support should be available when and where necessary bring together multi-disciplinary teams to make sure the right support happens at the right time. This will be part of the SEND Innovation & Improvement work.

Additional Questions raised on the night (General):

- I am interested in hearing more about how the consultation channels are publicised. I am a parent of 2 SEN children and had no awareness of the consultation.

From Sarah Clarke, Chair - SEND Voices Wokingham : Georgina, great question, SEND Voices Wokingham send out to our mailing lists and the CAN network plus lots of the short break providers send out information. Consultations are also on the WBC website. Now that you are on our mailing list and if you join our facebook page you will receive all the information.

It just seems that the consultation process relies on parents being proactive, I am sure there are GDPR constraints.

- Please could WBC have any plans to ensure that consultations reach all those who are affected eg through email directly to all those with EHCP's or on SEN support at school?

Consultations are always held on the WBC website. We also ask partner agencies such as SEND Voices Wokingham, SENDIASS, CAN Network and schools to disseminate consultation information to their members and communities also.

- Is the written statement of action published?

From Sarah Clarke, Chair - SEND Voices Wokingham : yes, the Written Statement is on the WBC website

- And let's celebrate our children with neuro-difference, not just see them as a problem. Appropriate ed for all.

Closing Statement from Carol Cammiss

Carol Cammiss did acknowledge that the WSoA result in 2019 was expected and at that time WBC was not forward thinking but is now committed to change and has dedicated resources in place for the next 18 months and the plan of work can be seen in the SEND Innovation & Improvement Program which start from April 1st. Gradual improvements will be seen. All Childrens' Services were poor at the time of the OFSTED/CQC Inspection. The WSoA work has seen 95% work done to meet that minimum standard. This new program will send the area SEND agenda for the next 18 months. Schools and WBC will work in a different way, high needs block funding will be reviewed. There will be the right provision to meet the needs of children.